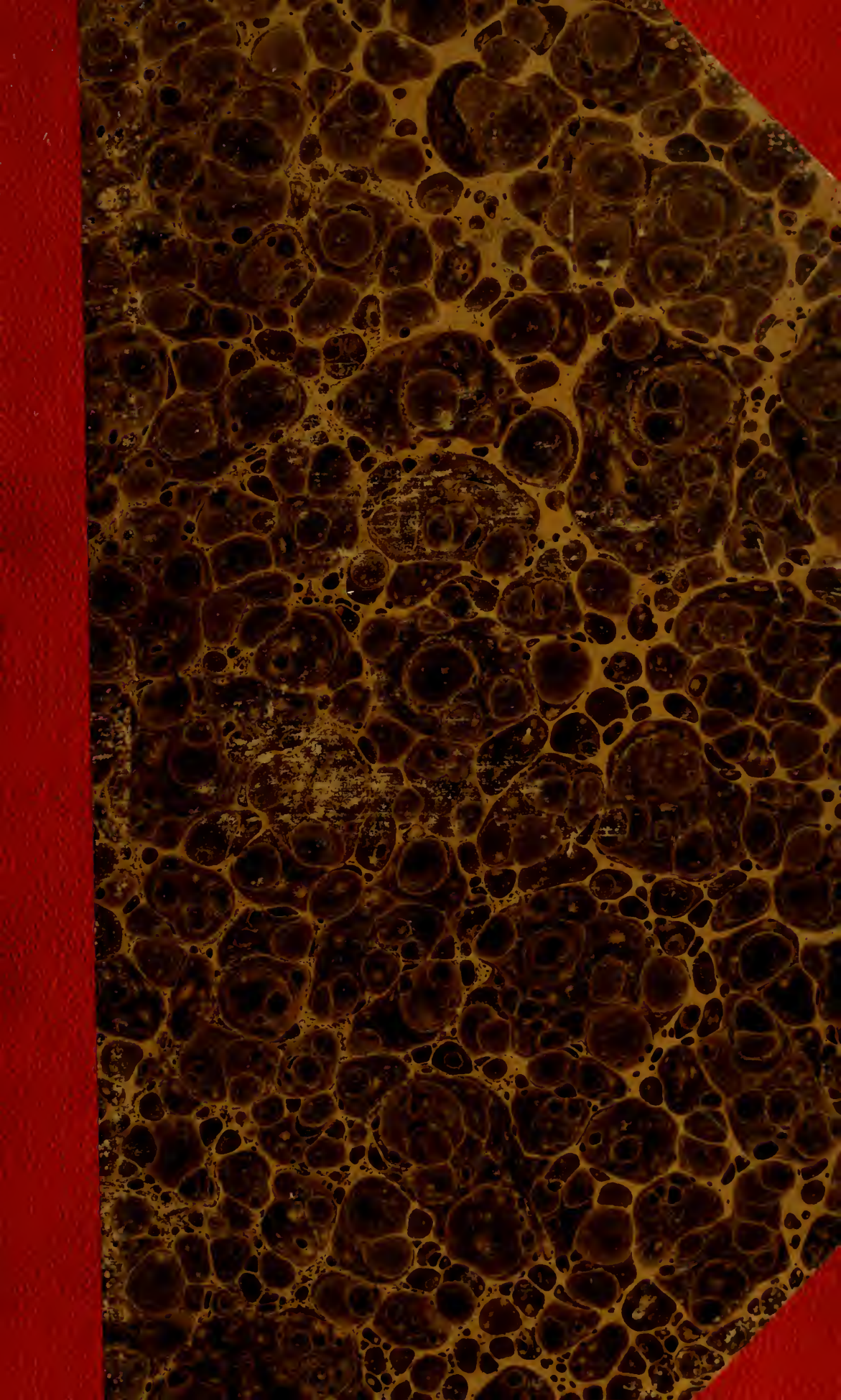

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MEDICAL REPORTER.

VOL. 2. NO. 1. JULY, 1854.

PROCEEDINGS OF SOCIETIES.

Proceedings of the Chester County Medical Society.

A stated meeting of the society was held at West Chester, April 25th, 1854, President Dr. W. Worthington in the chair. Members present, Drs. Thomas, Brinton, Murphey, Gunkle, Parish, Townsend, Stebbins, Hartman, Edge, Ogier, Gaston, C. Coates and Price.

The resolution in regard to the reference of special medical subjects to special committees to prepare reports for the society, postponed from last meeting, came up for consideration. Dr. Ogier moved to amend by making it the duty of a committee, instead of the President to make the reference.—The resolution as amended was adopted.

Drs. W. Worthington, Thomas and Parish were appointed in compliance with the preceding resolution.

Drs. James Parker, W. H. Worthington, and Franklin Reisser were balloted for and duly elected members of the Society.

The following officers were elected for the ensuing year, viz: President, Dr. J. B. BRINTON; Vice Presidents, Drs. S. Stebbins and S. H. Harry; Cor. Sec., Dr. C. W. Parish; Rec. Sec., Dr. Price; Treasurer, Dr. Wm. D. Hartman; Censors, Drs. A. Murphey, W. Townsend and S. A. Ogier.

Dr. Brinton on taking the chair, expressed briefly his thanks for the unexpected honor conferred upon him by the Society.

Dr. Worthington, in compliance with the constitution delivered the annual address. Dr. Parish moved that the thanks of the society be tendered to Dr. Worthington for his interesting and able address, and that a committee be appointed to request a copy for publication in the "Reporter." Drs. Parish, Gunkle and Edge were appointed the committee.

The committee on biographies submitted a notice of Dr. Nathan Hayes, which was accepted and directed to be published in the "Reporter."

Dr. Gaston, chairman of the committee, to whom was referred certain questions relative to dysentery and nervous diseases, stated that he has been unable to collect sufficient information, to enable him to make a report, and asked that the committee be discharged. On motion of Dr. Thomas the committee was discharged, and the questions referred to the delegates to the State Society, with instructions to bring them to the notice of that body.

Drs. David F. Anderson, John Brooke, Benj. Thompson and Newton Evans, were proposed for membership.

Dr. Thomas detailed a case of ulceration of the os tincæ, in which adhesion of the lips followed the application of argent. nitrat.

Dr. Ogier, a case of abscess in the region of the liver, discharging by the bowels—termination favorable.

Dr. Hartman a similar case, connected with the presence of gall stones, which were discharged in large quantities, with the pus per anum—partial recovery, but finally fatal.

Dr. Parish, a similar case, terminating favorably.

Dr. Hartman mentioned that he had met with three other cases of Hepatic abscess—all discharged externally and terminated in recovery. In one case two lumbrici were discharged by the orifice.

Dr. Brinton, a case of typhoid pneumonia—terminating fatally on the third day of attack.

A resignation was received from Dr. Isaac A. Pennypacker.

On motion of Dr. Gaston it was resolved, that hereafter the address of the President be delivered at the afternoon session of the society, and that if the subject is suitable, the public be invited to attend.

On motion the committee on medical essays were directed to propose a subject for discussion at each meeting of the society.

Dr. Ogier submitted the following amendment to the constitution: Art. 7, Sec. 1st, to read—A stated meeting shall be held quarterly on the first Tuesday after the last Monday in

the months of January, April, July and October of each year.

The Secretary was authorized to mail the papers for distribution among the members of the society.

On motion it was agreed to hold an adjourned meeting at the house of Mr. Charles Wells, (Swan Hotel,) Downingtown, on the second Tuesday of June next, at 11 o'clock. Subject for discussion—"Are persons who use limestone water as a beverage, less liable to attacks of dysentery than others?"

Drs. Worthington, A. K. Gaston, C. W. Parish, S. A. Ogier, C. E. Coates, W. W. Townsend, W. H. Gunkle, S. Stebbins and Wm. H. Worthington, were elected delegates to the next meeting of the State Society. They are authorized to fill any vacancies that may occur in their body. Adjourned.

JACOB PRICE,
Rec. Secretary.

Address—Delivered before the Chester County Medical Society, at its Annual Meeting, April 25th, 1854, *by* WILMER WORTHINGTON, M. D., *the late President.*

Another year of our professional organization has rolled away, and in compliance with a constitutional provision, founded as I believe in wisdom, I am called to discharge the last official act, which my position as your presiding officer has imposed upon me. What topic I should discuss, or in what way I should present it with a view to impart new interest to my hearers, or render good service to our profession are questions, in the solution of which, I have encountered some difficulty. Notwithstanding the multiplicity of subjects which crowd upon my mind, yet so trite do they appear, that I turn from them with the conviction, that nothing new or important can be said upon them; and to fall into a tedious repetition, would neither satisfy your expectations, nor my own desires.

With these embarrassments in my way, I shall not attempt to mark out a new path, or ascend any new height on the hill of medical science; but content myself by making a few brief remarks upon several points of interest to our profession;—and if, perchance, I should touch some new cord that shall vibrate in unison with those already tuned for the consecrated service of inspiring a spirit of justice to our noble art; or drop a sentiment that shall awaken a more active benevolence in behalf of human suffering, my aim is accomplished. Where let me ask could be found, a more noble, generous, and extended philanthropy, than that which contributes to render effi-

cient the active and enlightened duties of medical men? Whoever is seen co-operating with them in mitigating the physical evils of our nature, is justly regarded as a benefactor of his race. He is entitled to our highest admiration; and in times of severe epidemic visitation and suffering, he becomes the recipient of the warm and gushing stream of gratitude, which flows from many a stricken and disconsolate heart. So it should be.

In speaking of our profession, as I propose to do in this discourse, I shall first consider, its *utility*; second, its *qualifications*; and third, its *difficulties*. In commenting upon each of these points, I shall aim at brevity, and confine myself for the most part, to the profession as we find it in our own country.

First; Its Utility.—It requires but a very slight degree of intelligence to appreciate the necessity of having a class of people who shall devote themselves exclusively to the duties of the physician. It has ever been the case, since man first transgressed the law of his creator, and rendered himself amenable to disease and death. So it will be to the end of time. It is an inherent law of our physical nature, that men sicken, suffer and die. In conformity with the designs of a kind and overruling Providence, many of these sufferings may be relieved through the instrumentality of human means. Although there must be a final strugle in which the "*King of Terrors*" will prove victorious over all, yet the goodness of one who never errs in his dealings with the children of men, has accompanied these visitations of suffering and sorrow, with means of alleviation and sympathy. To the medical profession has this sacred duty been entrusted. It is a solemn and responsible trust. It must be placed some where; and those who are connected with the fulfillment of the duties it imposes, are accountable to God for the manner in which they shall discharge them.

If there are those who believe that physicians are not needed, but that every man can treat himself when assailed by disease; or but little knowledge is required to enable him to manage with advantage the varied and complicated forms of disease to which he is liable, we would ask such, to pause for a moment, and see where such an absurdity would lead him. If knowledge and experience are not required for a judicious and successful treatment of disease, they cannot be necessary in any other business of life. If the duties of the physician can be acquired without study and observation, so can that of the merchant, the farmer, the mechanic, the lawyer, the stateman, and the divine. Any business in life may be learned in the

same way; and hence, all the time expended in acquiring a knowledge of any branch of business would be misspent.

Suppose the medical profession was entirely abandoned? What would be the result? No one to be found devoting himself exclusively to the practice of the healing art. Sickness would still occur, and suffering men would seek relief from the pains and agony which disease would inflict, by taking any, and every thing that might be presented by the hand of ignorance and empiricism. Anatomy, physiology, pathology and all their kindred branches of medical science would be neglected; and the researches and labors of more than two thousand years would be entirely lost to the world. In whatever relates to a knowledge of the nature of disease and its appropriate treatment; the laws of hygiene; the sanatory regulations to control the terrible scourges which visit us in the form of epidemics; and the truths of medical jurisprudence; while the former would fail to give efficiency to proper means of curing disease, and promoting health, the latter would cease to aid our decisions in courts of justice. Who would then be competent to manage the thousand intricate cases of disease, acute and chronic, which our nosology embraces? Who would undertake to treat with any hope of success, the innumerable cases of wounds, fractures, and other forms of injury, which fall within the province of the skillful and scientific surgeon? What would become of the insane, who constitute so large a portion of our afflicted population, and demand so much of our sympathy and care? Must they again be subjected to the restraint which bolts, and bars and dungeons impose; and denied that kind, humane, and skillful management, by which, under the blessing of God, so many of them are restored to reason and happiness?

Aside from the many and dire evils which would flow upon us by the abandonment of our profession of all attention to the treatment of the sick, and consigning them to the hands of the ignorant and uneducated, the various benevolent institutions would seriously suffer, if not be rendered useless, for the want of that aid which the enlightened physician affords. Is there any benevolent enterprise commenced or carried on without his efficient help? Do we not find him everywhere actively occupied in relieving the wants and the sufferings of his race—contributing by his means and his advice to surround them with health and comfort? Is there any profession more entirely benevolent in its character, whose practical duties bring its members more frequently in contact with the wretched and suffering, whose care and relief are the objects of the

philanthropist everywhere ? Look where you will, and a large portion of the benevolence, which contributes so much to elevate the character of our countrymen at home, and gives us an enviable nationality in this respect abroad, is accomplished directly or indirectly through the agency of our profession. We say this in no spirit of self-laudation. We would not boast of what is done as individuals; bnt when our whole brotherhood is concerned, we feel a perfect freedom to maintain our usefulness, and define our true position. To ourselves are best known what labors we undergo; what privations we endure; what dangers we encounter, and what services are rendered on the score of benevolence alone.

Take a survey of the various and multiplied duties which the members of our profession are constantly discharging—the different positions in which they are found—the scientific, literary, political, military and benevolent institutions, in the proper management of which their knowledge is indispensable, and it becomes apparent to the most skeptical on this subject that their agency is everywhere felt, and their services everywhere required.

In the second place, we propose to speak of *Its Qualifications.*

That medical knowledge is not perfect, but, like all other human attainments, is liable in many cases to disappoint our hopes, we have no hesitation in admitting. While it is the irrevocable law of our nature to die, how could it be otherwise ? If the science of medicine should ever reach a state of perfection, it will not be by curing all cases of disease in every possible stage in which it first falls under the notice of the physician. It can only be where timely application for relief has been made, and the proper treatment judiciously applied. It has been supposed by some, that every attack of disease is curable in its incipient stage; that there is a point in its history, when, by proper treatment it may be arrested and health restored. However plausible such a view of the subject may appear, I am not so sanguine in my belief as to accede to its entire correctness. While I am ready to admit that a large portion of our failures in the successful management of acute as well as chronic diseases, are the result of too much delay in applying to the physician for aid, I do not feel disposed to claim for our art such a state of perfection as this sentiment seems to imply.

The healing art had in its beginning, but a very humble support from men eminently skilled in science and philosophy. Little was known at that time of the important branches of

medical science which so peculiarly distinguish our profession at the present day. It was merely a crude and undigested array of facts, collected and transmitted to their successors by the men who had devoted themselves to the duties of the physician. From that period until the present, it has been in the hands of the talented and educated; including in their number intellects of the highest order, genius the most brilliant, and philanthropy the most pure and practical. No profession can boast of more distinguished members. None has given to the world more genuine proofs of science and profound learning; none has penetrated deeper into the arcana of nature, and revealed by their scientific labors the laws which regulate and control the material world.

In the prosecution of their duties to advance the science of medicine, every department of nature has been the subject of investigation; and new light has shed its beams upon their pathway, until a halo of unfading literary and scientific renown encircles our profession. Step by step has been our progress; and century after century we have gone on in the most successful career of analytic examination into facts and principles, until at last we have reached a point from which we can survey the past with the most gratifying emotions of satisfaction; and look forward to the future with the brightest hopes of success. True it is we have not attained perfection for our art, but we have disrobed it of the rubbish, and given it a rank not inferior to any other pursuit. We have dispersed the mysterious air of superstition which formerly covered its errors, and established it upon a basis of sound philosophy and truth. We do not seek to give it importance under any false pretence of supernatural power, but simply to claim for it a rational system of treatment, founded upon the well established laws of the animal economy.

Within the last half century especially, has our profession reached an eminence, which it had never attained at any prior period of its history. New truths have been almost constantly emerging to the light; new paths have been explored, which lead to the development of richer fountains of knowledge, and clearer views of medical philosophy. The labors of Liebig, Simon, Lehmann, Funke, Robin, Verdeil and others, who have contributed to lay a foundation for physiological chemistry, have secured to themselves a name, which must place them among the most distinguished benefactors of mankind. Their close investigations of organic chemistry, which now engage so much of the attention of the medical world, have emitted new

rays of scientific truth, which sooner or later will lead to the most beneficial results.

The application of the microscope to the investigation of anatomy, physiology, pathology and chemistry, has also opened a new door to the labors of the scientific physician. Through its instrumentality, many of the hidden mysteries of the human organism have been revealed, and we find new explorers in this wide and interesting field of inquiry, almost daily adding valuable information to the diligent enquirer after medical truth. Error after error is exploded, and a more solid and rational system of scientific medicine is developed. Thus we find our profession advancing from one eminence to another; constantly eliciting new truths; strengthening those that are old, but founded on correct principles; and so we confidently believe will be its course in future, until we reach the highest possible point of perfection attainable through human agency.

If the qualifications of the medical profession are not sufficient to command the confidence of the sick where shall we look for a repository of this sacred trust? Shall we go back to the dark ages of superstition? Shall we repose in peace and security amidst the errors of the alchemists, searching for the "*philosopher's stone*," and trusting that we shall succeed in its discovery when disease will be banished from the catalogue of human sufferings, and life prolonged to an indefinite period? No! let us rather trust in that means of relief which God has placed in our hands. As he in his goodness has given us a class of men who devote their entire lives to the work; whose attainments and skill have greatly mitigated the physical evils to which we are liable; whose labors of benevolence and usefulness are constantly before us; and whose unceasing efforts to do us good, are known to the humblest in our midst; let us dispel, if possible, from every mind, the arogant pretensions of the charlatan, and hold up to the indignant gaze of an enlightened people, the various systems of ignorance and empiricism, which infest so many communities, and fatten so freely upon the public credulity.

The *third* topic for our discussion is the *difficulties* the members of our profession are obliged to encounter in the pursuit of their arduous calling.

It is presumed that every occupation has more or less of these to contend with; and none can reasonably expect entire exemption from the trials they impose. We can hope for no such immunity; and our desire is only to mitigate, where we cannot remove those which most seriously oppose our usefulness. Whatever may be said to the contrary, we feel con-

fident of our accuracy in declaring our belief, that a large portion of the most intelligent and distinguished members of our profession, are actuated by pure and benevolent motives in discharging their duties to the sick. Some may be found laboring in our ranks whose aim alone is the accumulation of wealth, or the attainment of renown, but such instances, we aver, "are few and far between."

To our mind, there are several prominent difficulties in the way of our success, in elevating to the highest possible point of usefulness our noble and praiseworthy calling. Some of these I propose to notice.

One of the most important arises from the want of interest which our government exhibits in the education of medical men. Take our own State, and what have they done by legislation to foster and promote the attainment of correct medical knowledge? They have given charters to establish medical schools; but have they appropriated any portion of the public money to endow them? They have authorized faculties to confer degrees; but they have not confined this power to the scientific and educated, but have extended it to the teachers of the absurd dogmas of the *Homœpaths*, and the fallacious practitioners of the self-styled *Eclectics*. They have made no distinction between the learned and the unlearned. They have given no encouragement to the study of anatomy which is essential to a well informed physician or surgeon. They have given to the charlatan the same favors they have conferred upon the scientific and enlightened. They seem to think while every other pursuit needs protection and aid, the medical profession must stand upon its own intrinsic strength. No law must encumber our statute book, to give the educated physician any advantage over the ignorant pretender, who emerges from a school where science is regarded as useless, but which has been invested with authority to confer a degree, when no reasonable qualification could lay claim to the honor. We do not complain that our legislature has neglected to render more substantial aid to our well organized medical schools; but we feel sensible that injustice has been done to our profession, by placing other schools, founded upon the grossest empiricism, on the same equality with us. So far as legal enactments can make them, they enjoy the same privileges and go before the world claiming the same honors. If they are not successful in their efforts to appropriate a liberal portion of the public confidence to themselves, it is simply because the people have manifested more intelligence and a

keener discrimination than their representatives, who endorsed their absurd doctrines by legalizing their dissemination.

In these days of science and general intelligence says a recent writer,* "legislative bodies are wisely beginning to act in reference to the first element of prosperity—the public health. One of the grand mistakes of the age, up to a recent period, in the study of the natural laws of disease has been the little attention paid to the province denominated "*vital statistics.*" Every body could number the dead in a given period, in each and every district; but few or none were charged with the office of collecting facts illustrative of the influence of climate, water, soils, food, raiment, habits, localities, moral tendencies, &c., on the condition of the inhabitants, on the knowledge of which essentially depends our discovery of the causes that peril or shorten the duration of human life."

There seems to be a reluctance in the minds of legislators to pass or continue a law, which has for its object the collection of this valuable species of knowledge. They do not comprehend the salutary and important bearing it exercises over the general health. They look more to the construction of improvements to carry their agricultural and mineral productions to a profitable market, than the accumulation of those facts, which lead to a correct knowledge of the causes and character of diseases, which destroy human life in the vicinity of their habitations. The hostility which has been manifested by some of these law makers in our own State, to the act requiring the registration of births, marriages and deaths, since its adoption a few years ago, is proof of the correctness of this sentiment. Twice has the State Senate passed a law repealing it; and that too, so far as we know, without any one outside of their own body asking it. If the law is not sufficient to secure the information intended by it, let it be amended. Do not leave us without the means of obtaining statistics so valuable to the public health and welfare, as those it is designed to collect. Let us rather make further efforts to improve it if necessary, not abolish it altogether. Neither do we think the duty of legislators stop here. They should not only provide for the registration of deaths in the State, but they should make provision for the appointment of Sanatory Commissioners, whose qualifications are undoubted, and to them should be assigned the task of investigating every fruitful source of disease; making sanatory surveys; and collecting and arranging facts for a full exhibition of all those medical

* Editor of the Boston Medical and Surgical Journal.

truths, which tend to promote the public health. Can any one deny that a moderate expenditure in this way, would greatly advance the prosperity of our citizens; elevate the character of our honored Commonwealth, and give energy and success to the various laudable enterprises in which the people have so earnestly embarked? It should be remembered that the discovery of the causes of disease in any particular locality, is the first step towards its effectual removal. And such investigations as I suggest, committed to scientific and competent hands, would lead to results of the most commendable and important character.

In other countries, where government proceeds from the *will* of the few, and not the mass, stringent laws exist to confine the practice of medicine and surgery to able and accomplished practitioners,—men who have been thoroughly educated in their profession. Not so with us. Our government is an expression of the popular voice. Every man who attains to citizenship, is competent to participate in the choice of our rulers, and has a voice in the enactment of laws for our control. While we fully concur in the wisdom of our ancestors in embodying this liberal principle of freedom in our fundamental law; we ought not to wonder that so much is left to the people themselves with regard to their choice of physicians, and so little is done to prevent their becoming the dupes of ignorance and deception. Of this, we shall not complain, however much we may lament the evils which bad selections so frequently occasion.

There is one view, however of this subject, which deserves more special notice; and which may be considered more directly to thwart the efforts of the educated physician of the rational system, than the want of legal enactments to restrain the empiric. I allude to the efforts which are constantly made by the swarms of deceivers who obtain a license from the chartered school of some sytem of quackery, and go forth with the few satellites who become their partizans, and with more zeal than prudence, endeavor to destroy the confidence of the sick in their medical attendant. With some people, there seems to be a peculiar fondness for this kind of intermeddling. It is one of the evils which are incident to the prevalence of empiricism; and in some neighborhoods becomes a source of much annoyance to the faithful and conscientious physician. Many of these people, are doubtless actuated by honest motives in these officious acts of kindness, and we feel assured, that with minds properly constituted, if brought to realize the solemn

responsibilities they assume, they would recoil from their indiscreet labors with feelings of keen remorse.

These constant efforts to weaken the public confidence in the regular system of medicine, exercise a serious control over its usefulness, and in many cases, thwart some of the best directed means of cure. No one who is practically acquainted with the duties of the physician, can be insensible to the benefit, which a confiding patient receives from entrusting his whole case, without reserve, to the direction of his intelligent family physician, and allows no improper influence to lead him from a perfect submission to his advice. The mind of such a one, exerts very little injurious influence over the body, but acts in unison with the appropriate system of treatment to which he is subjected; and instead of having him disturbed with doubts and fears to aggravate and extend the morbid action going on in his system, he is tranquil and patient under suffering, to a degree he could not maintain without this confidence. How important then, does it become to the sick, that they should avoid the pernicious influences, which weaken the confidential relations existing between patient and physician? They should spurn any efforts, which may be made either inadvertently or intentionally to create a distrust of the competency of their well tried and faithful attendant.

Another difficulty in the way of our profession accomplishing the greatest amount of good, arises from the *press* of the country being so much devoted to the interests of the empiric. With a few exceptions, their columns are filled with advertisements of patent and secret remedies. Every where through the land these venders of nostrums are exercising a wonderful control over the press, by the large amount of patronage they are able to bestow. It affords us pleasure, however to know, that a few editors, sensible of the evils which these publications produce by extending a knowledge of remedies which placed in the hands of the ignorant, work greater injury than good—poison more than they cure, positively refuse to give publicity to their nostrums.

Among the difficulties which retard our progress to a higher standard of usefulness, may be mentioned, the indifference which many of our own members exhibit in effecting a thorough and universal organization. A few years ago, the profession was aroused to the importance of concentrating their efforts to secure a united and efficient action for good. The American Medical Association was formed. State and County Societies were instituted, and the members of our profes-

sion were invited to unite in an organization, which was designed to embrace every worthy practitioner of our art.

If every reputable physician in our land would enter with a proper zeal into this organization, and give a reasonable portion of his time to advance the great objects it aims to secure, we should soon find such an array of talent and influence brought to bear upon our profession, as would greatly enhance its usefulness, extend its qualifications, and remove many of its present difficulties. Empiricism would sink away from the brilliant glare of light that would issue from our pathway; the darkness that now rests upon the public mind in relation to the subject of medicine, and leads so many well meaning people to become the dupes of charlatans and quacks, would be essentially dispersed; the triumphs of science, and the dangers of false systems of medicine would become more apparent; truth would be disseminated, and the people more enlightened and cautious in the selection of their medical advisers. While we find so many excellent physicians who refuse or neglect to unite with medical societies, we must expect that much error will continue, to weaken our hold upon the public confidence, and give countenance to the boasting claims of empiricism. How vast then, the resposibility which rests upon those who stand back, and refuse to enrol their names among the active and distinguished men, who have associated their labors, with a view to promote the best interests of the medical profession?

It is a source of much satisfaction to me, and must be so to you, that Chester county stands on no ordinary eminence with regard to the character of her medical men; and the high estimation in which they are held by our brethren in other places. And while we can congratulate ourselves that most of our practising physicians are connected with this society, and feel an increasing interest in the attainment of those objects for which it was organized, candor obliges me to admit, that too many still remain indifferent to the importance of this united means of doing good. We hope the day will soon come, when every reputable member of our art, will feel it his duty to connect himself with this laudable movement, and that he will no more think of keeping aloof from an organized society, than he would to enter upon the responsible duties of the practitioner, without first acquiring the requisite qualifications. When this state of things shall exist, not only in our county and State, but throughout the union, how elevated will be our position, and how vastly increased will be the influence we shall exert over our profession and the public? Its power will be felt, because we will be united. Its influence will be

for good, as its legitimate and only aim will be to battle with disease, and mitigate the physical sufferings of man. Then too, I trust, our solicitude to enlighten the public mind on medical subjects will incite us to more fidelity; and we shall no longer be liable to the reproach of contributing by our apathy to the extension of the various delusive systems of medicine, which hang like an incubus upon the restorative power of the healing art. We owe much to the public on this score; and as guardians of their health, we should avail ourselves of every suitable occasion to disabuse their minds of erroneous impressions, by disseminating correct principles of medical science. I know that some would incline to the opinion, that this would be a fruitless employment—that no beneficial results could follow any amount of labor bestowed in this way. For my part, I entertain a different opinion. Let a knowledge of Anatomy, Physiology, Chemistry and Therapeutics be but moderately disseminated by lectures gratuitously delivered by medical men, in our schools, and scientific and literary associations, and there would soon spring up a desire for knowledge upon these subjects, that would rapidly allay the morbid appetite now so common for the visionary and superstitious doctrines of the arrogant pretender. Truth will take the place of error; and sound medical knowledge and practical skill be properly appreciated, and occupy in the public mind their appropriate and destined sphere of usefulness.

Delaware County Medical Society.

A stated meeting of the Delaware County Medical Society was held at the Charter House, Media, on Tuesday May 23d, at 2 o'clock, P. M.

The following members were present, viz: Drs. Robert K. Smith, S. A. Barton, J. Siter Parke, M. Emanuel, C. J. Morton and C. S. Heysham.

Dr. Robert K. Smith proposed Dr. Edward Young for membership, who was unanimously elected.

The committee to prepare the annual report for the State Society, reported and were discharged.

The report was read and adopted by the society.

The following resolution was adopted: *Resolved*, That this society tender to Dr. C. J. Morton, a vote of thanks for his industry and faithfulness in his biographical notices of deceased physicians of Delaware county, and that he be allowed to use them for publication or otherwise at his discretion.

The alteration proposed at last meeting to the by-laws was adopted.

A statement of the financial condition of the Medical Reporter was received from the publisher; the further consideration of which was postponed till next meeting.

Considerable conversation occurred as to the best mode of treating "fracture of the clavicle." Drs. Barton and others proposed different plans of bandaging all tending to the same result.

A biographical sketch of the late Dr. Geo. W. Thomas, was presented to the society by Dr. C. J. Morton.

On motion the next meeting of the society was ordered to be held at the Charter House, Media.

On motion adjourned.

Attest,

CHARLES S. HEYSHAM,
Secretary.

Origin and Proceedings of the Chester Co. Medical Soiety: concluded—1851 *to* 1852.

At the meeting of April 29th, 1851, the following officers were elected: President, Dr. Wm. Darlington; Vice Presidents, Drs. Isaac Thomas and Wilmer Worthington; Corresponding Secretary, Dr. C. W. Parish; Recording Secretary, Dr. Jacob Price; Treasurer, Dr. E. F. Rivinus; Orator, Dr. Wm. Darlington.

Drs. W. Worthington, Brinton, Ogier, Gaston, Bradford, Edge, Walker, C. E. Coates, and Townsend were elected delegates to the State Society.

Dr. Parish submitted the annual report to the State Society; it was ordered to be forwarded.

A committee was appointed to revise the constitution, by-laws and fee-bill of the Society.

Dr. Harry delivered the annual address, for which the thanks of the Society were tendered. A committee was appointed to procure a copy for publication.

An adjourned meeting was held at New London, June 17th, 1851.

Dr. Thomas H. Thompson was elected a member of the Society.

October 28th, 1851.—Society met at West Chester. Forty-four copies of the "Transactions of the Medical Society of Pennsylvania," were received, for distribution among the members of the Society.

Dr. Rivinus presented to the Society an "Obituary notice of the late Thomas T. Hewson, M. D.," and "An Essay on the Operation of Physical Causes upon the Constitution, the health and the diseases of man, by E. F. Rivinus, M. D."

The following questions were submitted to the meeting, viz: 1st. Does dysentery prevail most in those sections of country in which there is little or no iron in the soil?

2nd. Do paralysis and other nervous affections prevail most in those sections of country in which iron is diffused through the soil?

3rd. Does the clearing of timber tend to increase affections both of the nerves and of the intestines, and if so, why?

They were referred for investigation, to a committee, consisting of Drs. Gaston, W. Worthington, Parish, I. A. Pennypacker and Wm. Davis.

Drs. A. K. Gaston, W. Worthington, Hartman, Brinton, and Harry were elected delegates to the meeting of the American Medical Association to be held in Richmond, Va., in May next.

Dr. Morris Fussel was elected a member of the Society.

An adjourned meeting was held at Downingtown, November 25th, 1851.

Reports upon dysentery were made by Drs. Townsend, Gaston, Parish, Ogier, W. Worthington, Edge and Fussel.

Dr. Townsend announced to the Society the death of Dr. Dilworth.

Dr. Parish announced the death of Dr. Stephen Harris and offered the following preamble and resolutions which were unanimously adopted, viz:

Whereas, this Society has heard with sincere sorrow, of the death of Dr. Stephen Harris, one of our late members, and a former Vice President of the society, and also of the death of Dr. R. B. Dilworth, late a member of this society, therefore,

Resolved, That while we bow submissively to the behests of the Great Arbiter of life and death, however afflictive, we cannot refrain from feeling the loss which this society, the profession and the community have sustained.

Resolved, That the chair be requested to name two members of this society, one of whom shall prepare a memoir of Dr. Harris, and the other a memoir of Dr. Dilworth, and present the same to the next stated meeting of the society.

Resolved, That the Corresponding Secretary be instructed to forward to the families of Drs. Harris and Dilworth, a copy of these resolutions, together with an expression of the

sincere condolence of this society in their afflictive bereavements.

Dr. S. A. Ogier was appointed to prepare the memoir of Dr. Harris and Dr. Townsend that of Dr. Dilworth.

American Medical Association.

The Association commenced its seventh annual meeting, at St. Louis, Mo., on Tuesday, May 2nd, at 11, A. M. Dr. Usher Parsons, of Rhode Island, Senior Vice President of the Association, called the meeting to order, in the absence of the President, Dr. Jonathan Knight. Dr. Edwin Lemoine, of St. Louis, took his place as Secretary. Letters were read from Drs. Jonathan Knight, President, and E. L. Beadle, one of the Secretaries, announcing their unavoidable absence from the present meeting of the Association—also a letter from Dr. Knight to Dr. Parsons, informing him of his expected absence.

The Association was then welcomed to St. Louis by Dr. Washington, of that city; when Dr. Parsons, after a few suitable remarks, stated, that the first business in order was to call the roll of Delegates.

The roll was then called by States and Societies, when two hundred answered to their names, from the following States: viz. Maine, 3; Massachusetts, 8; Rhode Island, 1; Connecticut, 3; New York, 13; New Jersey, 2; Pennsylvania, 17; Virginia, 1; South Carolina, 8; Alabama, Mississippi, Louisiana and Cherokee, each 1; Kentucky, 6; Ohio, 16; Indiana, 3; Missouri, 59; Michigan, 4; Iowa, 8; Illinois, 30; Wisconsin, 3; Tennessee, 11.

The President now declared the meeting organized, and congratulated the Association on the return of its anniversary.

The report of the Committee on Publications was next read, and laid on the table. The Treasurer's report was also read, and referred.

A recess of fifteen minutes was now had, to allow the delegates of each State to meet and nominate one of their number to form a general or nominating committee to report permanent officers for the Society.

The meeting again came to order, and the delegates from the several States, handed in their names, as follows:

Maine—Dr. Charles Millet; *Massachusetts*—Dr. D. H. Storer; *Connecticut*—Dr. P. G. Rockwell; *New York*—Dr. L. P. White; *New Jersey*—Dr. George R. Chitwood; *Penn-*

sylvania—Dr. Rene La Roche; *Virginia*—Dr. Adam Spitler; *Minnesota*—Dr. J. H. Murphy; *South Carolina*—Dr. Thomas G. Prioleau; *Illinois*—Dr. W. B. Herrick; *Alabama*—Dr. S. W. Clanton; *Louisiana*—Dr. E. D. Fenner; *Missouri*—Dr. Thomas G. Reyburn; *Michigan*—Dr. William Brodie; *Mississippi*—Dr. T. J. Grafton; *Iowa*—Dr. D. Seviter; *Tennessee*—Dr. J. B. Lindsley; *Wisconsin*—Dr. J. B. Dousman; *Kentucky*—Dr. Robert J. Breckenridge; *Ohio*—Dr. O. M. Langdon; *Indiana*—Dr. W. W. Hitt; *U. S. Navy and Army*—Dr. Pinckney.

The Committee on Nomination of Officers, having been approved by the Convention, retired for the purpose of appointing officers for the Association—viz. a President, four Vice Presidents, and two Secretaries.

On motion, then adjourned to 3 o'clock, P. M.

Afternoon Session.

The Association met at 3, P. M., when the Senior Vice President, Dr. PARSONS, delivered an address, for which the thanks of the Association were returned to him; and the address was referred to the Committee of Publication, for incorporation in the Transactions of the Association.

Dr. Gross, of Louisville, Ky., offered a resolution declaring that all future elections of officers of the Association should take place immediately previous to the adjournment of the Convention, instead of immediately after its meeting. The resolution being seconded, was ordered to lie on the table for one year, according to the regulations of the Association, before being acted upon.

Dr. Gross offered another resolution, declaring it to be disorderly for any future committee of arrangements to prepare a costly supper or dinner, for the entertainment of the members of the Association. Dr. G. remarked in support of the resolution, that he had the misfortune, perhaps, to live in a small city, where the profession was poor, and unable to go to any extravagant expenditure in the entertainment of the Association, in case it should ever honor his city by holding its meetings there. His resolution, he further said, was prospective in its application, and intended to make no reflection on any arrangements that had been made by the profession of this city.

Some discussion arose, and several amendments were offered—one of which was, that the word improper should be substituted for disorderly, and that liquor and cigars shall be excluded from such entertainments.

Dr. Coons, of St. Louis, remarked in this connection, that the objects of the society had been more directed to efforts of entertainment, than to promote science. Several members advocated the adoption of the resolution without reference to what had taken place, but to provide against the practice becoming an evil in future. The resolution finally passed as amended.

The Committee for the Nomination of Officers now appeared, and made the following report.

For *President*— CHAS A. POPE, M. D., of Missouri; *Vice Presidents*—E. D. FENNER, M. D., of Louisiana; N. S. DAVIS, M. D., of Illinois; WM. T. WRAGG, M. D., of South Carolina; JOHN GREEN, M. D., of Massachusetts. *Secretaries*—E. S. LEMOINE, M. D., of Missouri; FRANCIS WEST, M. D.. of Pennsylvania. *Treasurer*—D. F. CONDIE, M. D., of Pennsylvania.

The report was accepted, and the officers called to fill their several stations. Dr. Storer, of Boston, Dr. White, of Buffalo, Dr. Brainard, of Chicago, and Dr. Reed, of Tennessee, were appointed a committee to conduct the newly appointed officers to their seats on the platform.

On motion, the city of Philadelphia was unanimously fixed upon as the next place of meeting of the Association.

Dr. Condie, Chairman of the Committee of Publication, offered certain resolutions that the yearly dues of the members of the Association should not be less than three dollars, and that the name of any member refusing or neglecting to pay the same, should be erased from the list of permanent members.

The resolutions were then further amended by providing that the Secretary, before erasing the name of a member should inform him of his indebtedness, and in this form passed *en masse*, by a unanimous vote.

Dr. Atlee, on behalf of the committee to procure a stone with a suitable inscription for the monument of Washington, reported that he had adopted, at the suggestion of the lamented Dr. Pierson, of Salem, the design for the stone, representing Hippocrates refusing the presents of King Artaxerxes, who invited him to go to Persia and succor the enemies of Greece. The sculpture was on beautiful marble, by Samuel Beck, a young artist of Lancaster county, Pennsylvania, from a daguerreotype copy of Viardot's celebrated picture, presented to him by Miss Abby L. Pierson. The execution of the work is in the highest style of art, and evinces extraordinary talent in the artist.

The stone is of Vermont marble. The resolution authorizing the movement was adopted at Richmond. There was a lack of funds for the accomplishment of this object to the amount of $400, and members of the Association were respectfully invited to contribute, as they felt inclined to make up the amount.

A gentleman now announced to the meeting that Dr. Pope, the President elect, was in the room. Two of the committee appointed for that purpose then escorted the President to the chair. He addressed the Association in a few remarks as follows:

"GENTLEMEN: There are occasions when the mouth is dumb, because the heart is full. Such I feel my present position, when I behold around me so many members of a noble profession. I am grateful for the honor you have conferred upon me; and, however unworthy in other respects, I will yield to none in a just appreciation of the lofty and noble profession of which we are members. In this view, Gentlemen, I feel that the honor was not so much intended for myself as for the advances made in science by the profession generally, in the West. For myself, I return you the thanks of a grateful heart. I will endeavor to act to the best of my abilities; and again I thank you."

Dr. NinianP inckney, of the Navy, was then introduced, and read an eloquent address to the Association on the importance of union and concert in securing the exaltation of the medical profession, which was listened to with marked attention.

Wednesday, May 3d. The meeting convened at 9, A. M., Dr. Pope, President, in the chair.

Dr. D. J. Cain, of Charleston, S. C., on Epidemics of South Carolina, Florida, Georgia and Alabama, read an abstract of his report. It was referred to the Committee on Publication.

Dr. W. L. Sutton, of Georgetown, Ky., on Epidemics of Tennessee and Kentucky, made a partial report, but of such meager materials, that he requested to be continued. His report was referred to the Committee of Publication, when ready.

Dr. George Mendenhall, of Cincinnatti, Ohio, on the Epidemics of Ohio, Indiana and Michigan, presented a report for the years 1852 and 1853, of which he read a brief abstract. The report was referred to the Committee of Publication, with the request to have it published in the proceedings of the present year.

Dr. R. S. Holmes, of St. Louis, Mo., on Epidemic Erysipelas, read an abstract of his report. It was referred to the Committee on Publication.

Dr. E. D. Fenner, of New Orleans, on Epidemics of Louisiana, Mississippi, Texas and Arkansas. He read a comprehensive abstract of his report, dwelling, principally, on the ravages of the cholera and yellow fever, and the causes and the means of treatment.

Dr. Dan'l Brainard, of Chicago, Ill., on the Constitution and Local Treatment of Carcinoma. He requested further time to make a full report.

Dr. N. S. Davis, of Chicago, Ill., on the Influence of Local Circumstances on the Origin and Prevalence of Typhoid Fever. The report, of which he read a brief abstract, was referred to the Committee on Publication.

Dr. Donaldson, of Baltimore, on the Present and Prospective Value of the Microscope in Disease. Dr. Donaldson in a communication, stated that his report was complete; but, he not being present, it was without reading referred to the Committee on Publication.

The report of the Committee on Medical Education was received, but owing to its length, its reading was passed over; it was referred to the Committee of Publication.

Dr. Pope; Chairman of the Committe on Prize Essays, reported that Professor Daniel Brainard, of Chicago, Ill., was the successful competitor for the prize awarded for the best essay, entitled, "An Essay on a new method of treating Ununited Fractures and certain Deformities of the Osseous System."

Dr. Guthrie, offered the following resolutions, which were unanimously carried:

Resolved, That in the Secretary of the Treasury's recommendation to Congress to abolish or to materially modify the duty on such crude drugs,not produceable in this country, as are used in the laboratories of the country in the manufacture of chemicals, we recognise a wise provision for the future protection of the profession and the community at large from impure and sophisticated medicines.

Resolved, That a copy of this resolution be signed by the proper officers of this Association, and transmit the same to the Secretary of the Treasury, and to the Committee on Ways and Means.

Dr. J. B. Johnson now read a letter from Dr. Stephen Williams, of Illinois, inclosing the following preamble and resolution, which, on motion, were adopted:

"As we are constantly called upon to deplore the ravages of death among the illustrious and worthy members of our profession throughout the United States,

"*Resolved*, That a Standing Committee be appointed by this Association to procure memorials of the eminent and worthy dead among the distinguished physicians of our country, and present them to this Association for publication in the Transactions."

Dr. French submitted the following resolution, which was carried:

Resolved, That a committee be appointed to inquire what State, or other Societies, represented in this association, are in fellowship with irregular practitioners.

Dr. Blatchford, of Troy, read a letter from Dr. A. D. Spore, stating that he (Dr. Spore) had been for some time investigating the subject of Hydrophobia, to ascertain what influence the weather had upon the disease; and, in the letter, he requested that communications on the subject might be sent to him by members of the faculty who had opportunities of making observations. Dr. Spore, not being a delegate, it was moved that Dr. Blatchford be appointed chairman of a committee for the investigation of this subject.

The following was offered by Dr. S. M. Smith, of Columbus, Ohio, which was carried:

Resolved, That a Standing Committee of —— be appointed by the Association, on the subject of Insanity, as it prevails in this country, including its *causes*, as hereditary transmission, educational influences, physical and moral, social and political institutions, &c., *its forms* and *complications*, *curability*, and means of cure and prevention.

Afternoon Session.

The Association met as per adjournment.

Dr. Samuel P. White, of the University of Buffalo, submitted the following resolution, which was carried:

Resolved, That the thanks of this Association be presented to Dr. J. Knight, late President, for the very dignified, courteous, and efficient manner in which he presided over its deliberations, and that he be respectfully requested to furnish the usual address for publication.

The committee appointed by the American Medical Association to devise or consider some comprehensive plan for the more general, systematic, and thorough investigation of subjects connected with medical science, made a report, to which was appended the following resolution:

Resolved, That the American Medical Association hereby recommend to all Medical Societies to establish, in accordance with the plan detailed in the foregoing report, special committees for the selection, investigation, collaboration, and publication of all subjects of interest connected with medical science.

The resolution was carried, and the report and resolution referred to the Committee on Publication.

Dr. Atlee communicated to the meeting, that he had received a letter from Dr. Parish, Chairman of the Committee on Epidemics of New Jersey, stating that his report was yet unfinished, but would soon be ready for publication.

On motion, it was directed to be handed over to the Committee of Publication when finished.

Thursday, May 4th. The Association convened at 9 o'clock, A. M., Dr. Pope, President, in the chair.

On motion, the regular order of business was suspended, for the purpose of filling the vacancy in the nominating Committee from Iowa.

Dr. Atlee offered the following resolution, which was carried:

Resolved, That it shall be the duty of the Publication Committee to append to each volume of the Transactions hereafter published, a copy of the Constitution of the Association.

The following resolution, offered by Dr. Gross, was also carried; and Dr. Gross was appointed, by the Chair, the committee designated:

Resolved, That a committee of one be appointed by the Chair, to inquire into the causes which obstruct the formation and establishment of our national medical literature, and to report the subject at the next annual meeting of this Association, or as soon thereafter as practicable.

Dr. J. Berrien Lindsley offered the following resolution, which, on motion, was referred to the Committee on Medical Education, with instructions to report at the next annual meeting of the Association:

Resolved, That this Association earnestly recommend to the few Western Schools which still retain the rule of making four years' practice equivalent to one term at college, the abrogation of said rule, as holding out a strong inducement and temptation to young men to enter upon the practice of medicine with little or no preparation.

Drs. Dickson, Griscom, and E. D. Fenner, were appointed a committee by the Chair, to report at the next meeting of the

Association as to the best means for preventing the introduction of disease by emigrants into our country.

Dr. Linton, of St. Louis, offered the following, which was also referred to the above named committee:

Resolved, That in the opinion of this Association, quarantine establishments afford no protection to states and cities against the invasion of epidemics such as cholera and yellow fever.

The following report of the *Committee on Nominations* was then read:—

Dr. Worthington Hooker, of New Haven, Connecticut, on Epidemics of New England, and New York.

Dr. John L. Atlee, of Lancaster, Pa, on Epidemics of New Jersey, Pennsylvania, Delaware and Maryland.

Dr. D. J. Cain, of Charleston, S. C., on Epidemics of South Carolina, Florida, Georgia and Alabama.

Dr. W. L. Sutton, of Georgetown, Ky., on Epidemics of Tennessee and Kentucky.

Dr. Thomas Reyburn, of St. Louis, Mo., on Epidemics of Missouri, Illinois, Iowa and Wisconsin.

Dr. Geo. Mendenhall, of Cincinnati, Ohio, on Epidemics of Ohio, Indiana and Michigan.

Dr. E. D. Fenner, of New Orleans, La., on Epidemics of Mississippi, Louisiana, Arkansas and Texas.

Dr. James Jones, of New Orleans, La., on the mutual relations of Yellow and Bilious Remittent Fever.

Dr. D. F. Condie, of Philadelphia, Pennsylvania, on the causes of Tuberculous Disease.

Dr. Jos. Leidy, of Philadelphia, Pa., on Diseases of Parasitic Origin.

Dr. A. P. Merrill, of Memphis, Tenn., on the Physiological Peculiarities and Diseases of Negroes.

Dr. Jos. N. McDowell, of St. Louis, Mo., on Statistics of the operation for the removal of Stone in the Bladder.

Dr. F. P. Porcher, of Charleston, S. C., on the Toxicological and Medicinal Properties of our Cryptogamic Plants.

Dr. Daniel Brainard, of Chicago, Illinois, on the Constitutional and Local Treatment of Carcinoma.

Dr. Geo. Engleman, of St. Louis, Mo., on the Influence of Geological Formations on the Character of Disease.

Dr. Henry Taylor, of Mount Clemens, Mich, on Dysentery.

Dr. Horace Green, of New York, on the use and effect of applications of Nitrate of Silver to the Throat, in Local or General Disease.

Dr. P. C. Gooch, of Richmond, Va., on the administration of Anæsthetic Agents during Parturition.

Dr. Charles Hooker, of New Haven, Conn., on the Diet of the Sick.

Dr. E. R. Dabney, of Clarksville, Tenn., on certain forms of Eruptive Fevers prevalent in Middle Tennessee.

Dr. Sanford B. Hunt, of New York, on the Hygrometrical State of the Atmosphere in various localities, and its influence on health.

Dr. Frank H. Hamilton, of Buffalo, New York, on the frequency of deformities in fractures.

Dr. M. M. Pallen, of St. Louis, Mo., on diseases of the Prostate Gland.

Dr. H. A. Johnson, of Chicago, Ill., on the Excretions, as an index to the Organic Changes going on in the system.

Dr. Leroy H. Anderson, of Sumpterville, Ala., on Typhoid Fever and its complications,as it prevails in Alabama.

Dr. W. H. Byford, of Evansville,Ia., on the Pathology and Treatment of Scrofula.

Dr. N. S. Davis, of Chicago, Ill., on the nutritive qualities of Milk, and the influence produced thereon by pregnancy and menstruation in the human female, and pregnancy in the cow; and also on the question whether there is not some mode by which the nutritive constituents of milk can be preserved in their purity and sweetness, and furnished to the inhabitants of cities in such quantities as to supersede the present defective and often unwholesome method of supply.

Dr. E. B. Haskens, of Clarksville, Tenn., on the Microscopical investigations of Malignant Tumors.

Dr. Geo. K. Grant, of Memphis, Tenn., on the Sulphate of Quinia as a Remedial Agent in the treatment of Fevers.

Dr. R. R. McIlvaine, of Cincin., Ohio, on the Study of Pathology at the Bedside.

Dr. E. S. Cooper, of Peoria, Ill., on Orthopædic Surgery.

Dr. Andrew F. Jeter, of Palmyra, Mo., on the Modus Operandi of the Envenomed Secretions of healthy Animals.

Dr. Samuel M. Smith, of Columbus, Ohio, on Insanity.

Dr. Rene la Roche, of Philadephia, Penn., on the Jaundice of Yellow Fever in its Diagnostical and Prognostical Relations.

Dr. Charles Chandler, of Rocheport, Mo., on Malignant Periodic Fevers.

Dr. S. B. Chase, of Portland, Maine, on Typhoid Fever in Maine.

Committee on Plans of Organization for State and County Societies.—A. B. Palmer, M. D., Michigan; R. R. McIlvaine, M. D., Ohio; D. L. McGugin, M. D., Iowa; E. R. Peaslee, M. D., New Hampshire, Thomas Lipscomb, M. D., Tennessee.

Committee on Medical Literature—Robert J. Breckenbridge, M. D., Ky., Chairman; A. A. Gould, M. D., Mass.; D. L. McGugin, M. D., Iowa; J. B. Flint, M. D., Ky.; O. M. Langdon, M. D., Ohio.

Committee on Medical Education.—Wm. H. Anderson, M. D., Alabama; A. Lopez, M. D., do.; Andrew Murray, M. D., Michigan; A. Ramsay, M. D., Tennessee; R. D. Ross, M. D., do.

Committee on Prize Essays.—Rene la Roche, M. D., Pennsylvania; Isaac Hays, M. D., do.; Alfred Stille, M. D., do.; J. B. Biddle, M. D., do.; Geo. W. Norris, M. D., do.; Joseph Carson, M. D., do.; Joseph Leidy, M. D., do.

Committee of Arrangements.—Isaac Hays, M. D., Penn.; G. Emerson, M. D., do.; Wilson Jewell, M. D., do.; Alfred Stille, M. D., do.; Francis West, M. D., do.; Wm. V. Keating, M. D., do.

Committee on Publication.—Pliny Earle, M. D., New York; D. Francis Condie, M. D., Pennsylvania; E. S. Lemoine, M. D., Missouri; A. March, M. D., New York; E. H. Davis, M. D., do.; G. R. Gilmore, M. D., do.

The report was adopted.

Afternoon Session.

The Association convened at three o'clock; Dr. Pope in the Chair.

Dr. Breckenridge offered a resolution, to the following effect;

Resolved, That the papers and documents of the Association shall hereafter be the exclusive property of the Association, which, as amended by Dr. Smith, was carried.

D. Phelps, of New York, then read an abstract of a paper which traces the connection existing between medicine and religion in its origin and progress, under the title of "*Religon an Element in Medicine; or, the duties and obligations of the profession.*"

The document was referred to a special committee, to be appointed by the Chair. The President named Dr. Atlee, Dr. Sayre, and Dr, March to serve on the Committee.

Dr. La Roche, announced that they would take the responsibility of tendering the resignation of Dr. Condie, of Phila-

delphia, Treasurer of the Association. After some little discussion, the resignation of Dr. Condie was accepted.

Dr. West, of Philadelphia, one of the Secretaries, then tendered his resignation, and the question being upon accepting it., it was lost.

Dr. Breckenridge, of Kentucky, then offered the following resolution, which was carried ;

Resolved,, that hereafter the majority of the Committee on Publications shall be selected from the physicians of that city in which the Association may annually meet.

A vote of thanks was then unanimously returned to Dr. Condie for the able, zealous,and impartial manner with which he had discharged his duties as Treasurer.

A resolution was reported to amend the constitution, which provides that its annual meetings shall be held on the first Monday in May, and substitute the second Monday. The resolution, under the rule, lies over for a year.

Dr. White moved that a vote of thanks be extended to the late Publishing Committee for their best endeavors to serve the association, which was unanimously adopted.

A resolution offered by Dr. W. W. Hitt, about alcoholic drinks, was adopted and refered to the Committee on Nomination.

The Committee on Nomination reported the name of Dr. Isaac Wood, of New York, as Treasurer. They also reported a special committtee on Epidemics, for the States of Virginia and North Carolina, with Dr. Haskins as Chairman ; and, also, the resolution relative to alcoholic drinks was reported back by them, referring it to a special committee, consisting of Dr. Mussey.

On motion the Convention adjourned.

Medical Society of the State of Pennsylvania.

POTTSVILLE, May 31, 1854, 11 o'clock A. M.

In the absence of the President, the Society was called to order by Dr. Confer, one of the Vice Presidents.

Drs. Neill, Parrish, and Mayburry appointed a Co mmittee on Credentials.

Dr. George F. Horton was admitted as a Delegate from the Bradford County Medical Society, his credentials not having arrived.

Dr. D. F. Condie was appointed Recording Secretary, pro

tempore, to supply the vacancy caused by the death of Dr. H. S. Patterson.

The reading of the minutes of last session were dispensed with, and a committee appointed to report any unfinished business that may appear thereon.

The report of Committee of Publication was read.

The report of Treasurer was presented and referred to an auditing committee.

The committee on unfinished business presented the following committees as not yet having reported:

On samples of drugs and preparations;

On gratuitous public vaccination;

On vaccination and preservation of kine pock matter.

The first and last of these committees were continued. The second presented a report with the following resolution attached, which was adopted:

That, in order to extend the benefits of vaccination as far as possible among the inhabitants of this commonwealth, the State Medical Society would urge upon the several organized Medical Societies throughout Pennsylvania, the propriety of using their influence to induce the county authorities to adopt prompt measures for as general an extension of vaccination as may be practicable; and that those charged with the direction or superintendence of schools, whether public or private, be enjoined and required to admit no pupil, who shall not present a written certificate from some properly authorized physician, of his or her having undergone successful vaccination.

Which resolution was unanimously adopted, and a copy of the report directed to be sent to each of the county societies in the State, and to the Superintendent of the public schools in those counties, in which, as yet, no medical society exists.

The senior Recording Secretary, Dr. Walker, reported that he had fulfilled the duties enjoined on him by the resolution of last session.—*See printed Transactions for* 1853, *page* 16.

On motion of Dr. Hollingsworth, it was Resolved, that each delegation present name one of its members to constitute a committee for the nomination of officers for the ensuing twelve months. To the committee thus appointed, on motion of Dr. Jewell, was also confided the selection of a place for the next annual session of the Society.

The committee appointed to audit the Treasurer's accounts reported the same correct.

Afternoon Session.

The President, Dr. Hiester, read the Annual Address. On

motion of Dr. Jewell, the thanks of the Society were tendered to Dr. Hiester for his address, and a copy requested for publication in the Transactions.

Reports from the Berks and Blair county Medical Societies were read and referred to the Committee of Publication.

June 1st, 9 o'clock A. M.

On motion of Dr. Kennedy, a committee (Drs. A. L. Kennedy, D. F. Condie, and I. L. Hollingsworth,) was appointed to frame forms of printed blanks for county reports, to facilitate the preparation of said reports, and to secure in them greater uniformity and fullness.

The committee of Nomination was reported as follows:—*Berks*, W. T. Bladen; *Bradford*, G. F. Horton; *Blair*, J. M. Confer; *Bucks*, J. Dyer, Jr.; *Chester*, W. W. Townsend; *Delaware*, R. K. Smith; *Huntingdon*, H. K. Neff; *Lancaster*, H. Carpenter; *Lebanon*, B. F. Schneck; *Lehigh*, D. O. Mosser; *Mifflin*, M. T. Hale; *Montgomery*, J. A. Martin; *Northampton*, C. Innes; *Perry*, J. H. Case; *Philadelphia*, I. L. Hollingsworth; *Schuylkill*, J. G. Koehler.

On motion of Dr. Cassady, a committee on obituaries of deceased members of county societies was appointed. Drs. M. B. Smith, H. Carpenter, and W. Mayburry.

The following amendment to Art. III Sec. 2 of the constitution was offered by Dr. Betton, viz.: to insert after the word "societies" except in the case of the Philadelphia County Medical Society, which shall hereafter be recognized as the Philadelphia City Medical Society." A variety of modifications to this amendment were offered by different Delegates, when, on motion of Dr. Jewell, the subject was referred to the Philadelphia Delegation, with instructions to report at the afternoon session.

A series of resolutions in reference to the mode of preparing County Society reports were presented by Dr. Wythes, and referred to the committee appointed to prepare forms for reports from County Societies.

Reports were received and read from Bradford, Delaware, Huntingdon, Lebanon, Lehigh, Mifflin, and Montgomery Medical Societies, and referred to the Committee of Publication.

A communication was also received and read from the chairman of the committee on report from Chester County Medical Society, and similarly referred.

Afternoon Session.

The Philadelphia county delegation to whom the subject

was referred at the morning session, presented the following preamble and resolution:

Whereas, the recent action of the Legislature of this State has consolidated the city and districts of Philadelphia county under one municipal government, therefore, Resolved, that should the Philadelphia County Medical Society consider it to be expedient to reorganize, and change their title in correspondence with the new political organization of the county, it shall have, when thus reorganized, all the rights and privileges of the present Philadelphia County Medical Society; and, that the constitution of this State Society be amended by inserting in the 2nd line of Sec. 2 Art. III, after the word societies, the words "and from the Philadelphia City Medical Society."

The resolution and proposed amendment were unanimously adopted.

The committee appointed for that purpose reported the following nominations for officers.

President, Jacob M. Gemmill, Huntingdon county.

Vice Presidents, Wilson Jewell, Philadelphia county; Wm. Housel, Schuylkill county; E. W. Hale, Mifflin county; A. K. Gaston, Chester county.

Recording Secretaries, D. Francis Condie, Philadelphia county; H. Carpenter, Lancaster county.

Corresponding Secretary, John Neill, Philadelphia county.

Treasurer, Francis West, Philadelphia county.

Censors, 1st and 2nd Districts, J. B. Biddle, Philadelphia county; J. T. Huddleson, Delaware county; Hiram Corson, Montgomery county; P. Cassady, Lansaster county; Wm. Gries, Berks county; Chas. H. Martin, Lehigh county; R. E. James, Northampton county; G. F. Horton, Bradford county;

3d and 4th Districts, Thomas Wood, Lycoming county; J. B. Luden, Huntingdon county; Jos. Henderson, Mifflin county; Wm. W. McIlvaine, York county; J. H. Case, Perry county.

5th and 6th Districts, J. P. Gazzam, Allegheny county; W. Anderson, ditto; Jas. Dickson, ditto; C. F. Perkins, Erie county; Jno. T. Ray, Mercer county.

Delegates to American Medical Association for 1855.—J. P. Hiester, Berks; W. W. Townsend, Chester; Chas. Innes, Northampton; Jno. G. Koehler, Schuylkill; J. H. Dorsey, Huntingdon; H. Carpenter, Lancaster; Jno. A. Martin, Montgomery; D. Mosser, Lehigh; Jas. Galbraith, Perry; Jacob M.

Confer, Blair; R. K. Smith, Delaware; Jno. Dyer, Jr., Bucks; Jos. Henderson, Mifflin.

The committee also reported Hollidaysburg as the place of meeting for the next annual session of the State Society.

The committee were continued with instructions to nominate the additional members of the Publishing Committee.

Reports were received and read from the Perry, Philadelphia, and Schuylkill county Medical Societies, and referred to the Committee of Publication.

The committee on obituaries made a report with the following resolution annexed: Resolved, that the several county Med. Societies be requested to append to their annual reports brief notices of such of their members as may have died during the year, which was adopted.

Dr. Parrish, in behalf of the Chester County Medical Society, presented the following queries:—

1st, Does dysentery prevail most in those sections of country in which there is little or no iron in the soil?

2nd, Do paralysis and other nervous affections prevail most in those sections of country in which iron is diffused throughout the soil?

3d, Does the clearing of timber tend to increase affections both of the nerves and of the intestines—and if so—why?

Referred to a special committee (Drs. A. K. Gaston, W. M. Gilford, A. Heger, L. E. Kitchen, Chas. E. Hoffman.)

Dr. Corson presented a resolution requesting that, when, in a report from a county Society, reference is made to the influence of limestone formations in the production or modification of disease, it be distinctly stated whether the limestone lies near the surface or at great depth, and if the latter, what covers it—also whether the water used for drinking, cooking etc., is impregnated or not with calcareous matter.

Referred to committee on form for county reports.

The following were presented by Dr. Smith, of Delaware county, and adopted:

Resolved, that the preamble and resolutions presented by Dr. Emerson at the session of 1852, and re-adopted at that of 1853 in reference to the organization of the profession throughout the State, be again sanctioned by this Society, and the Secretary be requested to communicate the same to each county Society, and to such medical gentlemen in those counties where no societies are organized as he may deem proper.

Resolved, That the Publication Committee be authorized to assess upon the county societies the amount necessary to de-

fray the expense incurred by him in carrying out the above resolution.

Dr. Carpenter made a statement in reference to a report received from the Epidemiological Society, of London, on small pox and vaccination, a digest of the most important and interesting features of which would be communicated to this society at a future session.

A resolution was presented by Dr. W. T. Bladen, approving of certain resolutions adopted by the Medical Society of the city of Reading, in reference to a black list of defaulting patients. Laid on the table.

A list of the officers and members of the Lancaster County Medical Society were presented.

On motion of Dr. West, the Committee of Publication were instructed to insert in each volume of Transactions, a declaration that the State Society disclaims any responsibility for the facts or opinions contained in any address or report made before it, and published as part of its transactions.

On motion of Dr. Thomas, the resolution offered by Dr. Emerson at the last session, and contained on page 16 of its Transactions, was adopted.

Resolutions were presented and unanimously adopted in reference to the loss sustained by the society during the past year, by the death of Dr. Henry S. Patterson, of Philadelphia, one of its Secretaries; of Dr. Francis S. Burrowes, of Lancaster, one of its Vice Presidents; and Dr. Joseph Stewart, of Philadelphia.

On motion of Dr. Smith, the officers reported by the Committee of Nomination, were unanimously declared to be the officers elect of this society for the ensuing year.

The committee reported the following as the members to constitute with the Secretaries and Treasurer, the Committee of Publication: Francis G. Smith, Sam'l Lewis, Rob't P. Thomas.

Votes of thanks were presented to the President and other officers for the able and gentlemanly manner in which they performed their duties; to the Commissioners of Schuylkill co., for the use of the beautiful and commodious room in the Court House at Pottsville, in which the Sessions of the Society were held, and to the medical profession of Pottsville, for the cordial and hospitable manner in which they provided for the accommodation of the society and the attentions they bestowed upon the delegates.

On motion the society then adjourned to meet again on the last Wednesday of May, 1855, at 10 o'clock, A. M., in the city of Hollidaysburg.

BOSTON MEDICAL
MAR 6 1888
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THE

MEDICAL REPORTER.

VOL. II. NO. 2. OCTOBER, 1854.

ORIGINAL COMMUNICATIONS.

Catalogue of Medicinal Plants indigenous to Chester County, Penna.

CLASS I. EXOGENOUS PLANTS.

Division I. Dialypetalous Exogens.

Floral envelopes, consisting generally of both *calyx* and *corolla*, with the *Petals mostly distinct.*

ORDER I. RANUNCULACEAE.

1. Hepatica triloba, *Chaix.* Liver-wort. Liver-leaf. Slightly astringent and demulcent. Scarcely entitled to notice.

2. Ranunculus Flammula, *L.* Spear-wort. Acrid; the distilled water said to be a prompt emetic.

3. Hydrastis Canadensis, *L.* Yellow-root. Bitter and tonic. The *root* affords a yellow dye.

4. Cimicifuga racemosa, *Ell.* Bug-bane. Tall Snake-root. Mucilaginous and somewhat astringent.

ORDER II. MAGNOLIACEAE.

5. MAGNOLIA GLAUCA, *L.* Sweet Bay. Swamp Sassafras. Aromatic bitter; stimulant and tonic.

6. LIRIODENDRON TULIPIFERA, *L.* Tulip Poplar. Tulip-tree. Bitter and tonic; a tolerable substitute for *Cinchona.*

ORDER III. MENISPERMACEAE.

7. MENISPERMUM CANADENSE, *L.* Moon-seed. The root said to be tonic and diuretic.

ORDER IV: BERBERIDACEAE.

8. CAULOPHYLLUM THALICTROIDES, *Mx.* Blue Cohosh. An *Indian* medicine; reputed diuretic and emmenagogue.

9. PODOPHYLLUM PELTATUM, *L.* May-apple. Hog-apple. Cathartic; a tolerable substitute for *Jalap.*

ORDER V. PAPAVERACEAE.

10. SANGUINARIA CANADENSIS, *L.* Red-root. Turmeric. Emetic, stimulant, expectorant, &c., an active drug.

ORDER VI. CRUCIFERAE.

11. CARDAMINE RHOMBOIDEA, *DC.* Spring-cress. Anti-scorbutic,—as most of the order are.

ORDER VII. TILIACEAE.

12. TILIA AMERICANA, *L.* Linden or Linn. Bass-wood. Mucilaginous; much commended for burns and scalds.

ORDER VIII. GERANIACEAE.

13. GERANIUM MACULATUM, *L.* Spotted Crane's-bill. Crow-foot. Astringent and tonic.

ORDER IX. ANACARDIACEAE.

14. RHUS GLABRA, *L.* Common or Smooth Sumach. Astringent and detergent. Two other species, viz: *R. Toxicodendron, L. and R. venenata, DC.*, are very poisonous to some persons, and may be medicinal, if well understood.

ORDER X. CELASTRACEAE.

15. CELASTRUS SCANDENS, *L.* Climbing Staff-tree. Wax-work. Reputed emetic, narcotic, and discutient.

ORDER XI. RHAMNACEAE.

16. CEANOTHUS AMERICANUS, *L.* New Jersey Tea. Astringent, febrifuge, &c. A substitute for *Black Tea.*

ORDER XII. POLYGALACEAE.

17. POLYGALA SENEGA, *L.* Seneca Snake-root. Emetic;

expectorant, stimulant, sudorific, &c. One of our most active and valuable indigenous medicines.

ORDER XIII. LEGUMINOSAE.

18. TEPHROSIA VIRGINIANA, *Pers.* Goat's Rue. Cat-gut. Reputed an effective Vermifuge, in New Jersey.

19. BAPTISIA TINCTORIA, *R. Br.* Wild Indigo. Reputed emetic, cathartic, &c.

20. CASSIA MARILANDICA, *L.* Wild Senna. Cathartic; affording a substitute for *Senna.*

ORDER XIV. ROSACEAE.

21. CERASUS SEROTINA, *DC.* Wild Cherry. Bitter; a very valuable tonic.

22. GILLENIA TRIFOLIATA, *Moench.* Indian Physic. Bowman's root. Emetic; said to be a good substitute for *Ipecacuanha.*

23. GEUM VIRGINIANUM, *L.* White Avens. Herb Bennet. Astringent and tonic; as also the other species, *G. rivale, L.*

24. RUBUS VILLOSUS, *Ait.* Blackberry. Common Brier. Astringent and tonic.

25. RUBUS CANADENSIS, *L.* Dewberry. Running Brier. Astringent; a property more or less belonging to several species.

ORDER XV. SAXIFRAGACEAE.

26. HEUCHERA AMERICANA, *L.* Alum-root. Astringent and styptic; a once-noted remedy for *Cancer.*

ORDER XVI. UMBELLIFERAE.

27. HERACLEUM LANATUM, *Mx.* Cow Parsnep. Reputed diuretic, expectorant, and antispasmodic.

28. CICUTA MACULATA, *L.* Water Hemlock. A narcotic poison; and perhaps medicinal, if properly used. The same may probably be said of *Archemora rigida, DC.*

ORDER XVII. ARALIACEAE.

29. ARALIA NUDICAULIS, *L.* Sarsaparilla. Mild stimulant and alterative. The berries of our other species, *A. racemosa, L.*, are sometimes used in Tincture, as a Stomachic.

30. PANAX QUINQUEFOLIUM, *L.* Ginseng. A Chinese medicine of apocryphal virtues.

ORDER XVIII. CORNACEAE.

31. CORNUS FLORIDA, *L.* Common Dog-wood. A valuable tonic; approaching *Cinchona* in efficacy. The other species probably possess similar virtues, to some degree.

Division II. Gamopetalous Exogens.

FLORAL ENVELOPES usually consisting of both *calyx* and *corolla*, the *Petals more or less united.*

ORDER XIX. CAPRIFOLIACEAE.

32. TRIOSTEUM PERFOLIATUM, *L.* Horse Gentian. Wild Coffee. Cathartic and emetic. The other species, *T. angustifolium*, *L.* is probably similar in its properties.

33. SAMBUCUS CANADENSIS, *L.* Common Elder-bush. The inner bark used in making sanative ointments.

ORDER XX. RUBIACEAE.

34. CEPHALANTHUS OCCIDENTALIS, *L.* Button-bush. Pond Dogwood. Bitter and tonic.

ORDER XXI. COMPOSITAE.

35. LIATRIS SPICATA, *Willd.* Button Snake-root. Blue Blazing Star. Stimulant and diuretic.

36. EUPATORIUM PERFOLIATUM, *L.* Thorough-Stem. Boneset. Bitter, tonic, diaphoretic and emetic, according as used.

37. HELENIUM AUTUMNALE, *L.* Sneeze-weed. Tonic, and diaphoretic; also a powerful errhine.

38. HIERACIUM VENOSUM, *L.* Hawk-weed. Rattle Snake weed. Mild astringent; reputed antidote to the Rattle Snake bite.

40. NABALUS ALBUS, *Hooker.* Lion's foot. Gall of the earth. Bitter; an *Indian* antidote to snake-bites.

ORDER XXII. LOBELIACEAE.

41. LOBELIA INFLATA, *L.* Indian Tobacco. Harshly emetic and acrid; a noted Quack medicine.

ORDER XXIII. ERICACEAE.

42. GAULTHERIA PROCUMBENS, *L.* Tea-berry. Spicy Winter-green. Aromatic stimulant.

43. KALMIA LATIFOLIA, *L.* Common Laurel. Calico-bush. Reputed to be a powerful sedative; and poisonous.

44. CHIMAPHILA UMBELLATA, *Nuttall.* Pipsissawa. Winter-green. Bitter and astringent; tonic.

ORDER XXIV. AQUIFOLIACEAE.

45. PRINOS VERTICILLATUS, *L.* Black Alder. Winter berry. Somewhat astringent and tonic.

ORDER XXV. EBENACEAE.

46. DIOSPYROS VIRGINIANA, *L.* Persimmon. Date Plum. Powerfully astringent; tonic.

ORDER XXVI. OROBANCHACEAE.

47. EPIPHEGUS VIRGINIANA, *Barton.* Beech-drops. Cancer-root. Astringent.

ORDER XXVII. LABIATAE.

48. LYCOPUS VIRGINICUS, *L.* Bugle-weed. Water Horehound. Said to be tonic, astringent and narcotic.

49. CUNILA MARIANA, *L.* Dittany. Aromatic stimulant, and febrifuge.

50. HEDEOMA PULEGIOIDES, *Pers.* American Pennyroyal. Stimulant and diaphoretic; warmly aromatic.

51. COLLINSONIA CANADENSIS, *L.* Horse-balm. Knot-root. Vulnerary, febrifuge. &c.

52. MONARDA FISTULOSA, *L.* Horse-mint. Wild Burgamot. Aromatic; a reputed remedy in calculous complaints.

53. SCUTELLARIA LATERIFLORA, *L.* Mad-dog Scull-cap. Once a noted, but apocryphal, remedy for *Hydrophobia.*

ORDER XXVIII. GENTIANACEAE.

54. SABBATIA ANGULARIS, *Pursh.* American Centaury. Bitter and tonic.

ORDER XXIX. ASCLEPIADACEAE.

55. ASCLEPIAS TUBEROSA, *L.* Butterfly-weed. Pleurisy-root. Diaphoretic, expectorant, and a mild tonic.

Division III. Apetalous Exogens.

Corolla usually none; the *floral envelopes* being mostly in a *single series* (*calyx*), or sometimes altogether wanting.

ORDER XXX. ARISTOLOCHIACEAE.

56. ASARUM CANADENSE, *L.* Wild Ginger. Colt's-foot. Aromatic stimulant, and diaphoretic.

57. ARISTOLOCHIA SERPENTARIA, *L.* Virginia Snake-root. A valuable aromatic stimulant, diaphoretic, and tonic.

ORDER XXXI. PHYTOLACCACEAE.

58. PHYTOLACCA DECANDRA, *L.* Poke-weed. Pigeon-berry. A drastic emeto-cathartic; the *berries*, in tincture, a somewhat noted remedy for rheumatism.

ORDER XXXII. LAURACEAE.

59. SASSAFRAS OFFICINALE, *Nees.* Sassafras. A powerful aromatic stimulant.

60. BENZOIN ODORIFERUM, *Nees.* Spice-bush. Fever-bush. An aromatic stimulant and popular febrifuge.

ORDER XXXIII. ULMACEAE.

61. Ulmus fulva, *Mx.* Slippery Elm. Mucilaginous and demulcent.

ORDER XXXIV. SAURURACEAE.

62. Saururus cernuus, *L.* Lizard's-tail. Breast-weed. Demulcent; a popular application to sore breasts.

ORDER XXXV. EUPHORBIACEAE.

63. Euphorbia corollata, *L.* Flowering Spurge. Emetic, diaphoretic, &c.

64. E. hypericifolia, *L.* Black Purslane. Said to be astringent and narcotic.

ORDER XXXVI. JUGLANDACEAE.

65. Juglans cinerea, *L.* White Walnut. Butter-nut. Cathartic.

ORDER XXXVII. CUPULIFERAE.

66. Quercus alba, *L.* White Oak. Astringent and tonic. Other species have similar properties.

ORDER XXXVIII. MYRICACEAE.

97. Comptonia asplenifolia, *Ait.* Sweet Fern. Aromatic astringent.

ORDER XXXIX. SALICACEAE.

68. Populus tremuloides, *Mx.* American Aspen. Tonic and febrifuge.

ORDER XL. URTICACEAE.

69. Humulus Lupulus, *L.* Common Hop. Bitter: tonic and narcotic.

CLASS II. ENDOGENOUS PLANTS.

ORDER XLI. ARACEAE.

70. Arum triphyllum, *L.* Indian Turnip. Acrid; carminative, &c.

71. Symplocarpus fœtidus, *Salisb.* Swamp Cabbage. Anti-spasmodic and narcotic.

ORDER XLII. HAEMODORACEAE.

72. Aletris farinosa, *L.* Colic-root. Star grass. Tonic, emetic and narcotic.

ORDER XLIII. IRIDACEAE.

73. Iris versicolor, *L.* Wild Flag. Cathartic, emetic and diuretic.

ORDER XLIV. LILIACEAE.

74. ALLIUM CANADENSE, *Kalm.* Meadow Garlic. Expectorant and diuretic.

ORDER XLV. MELANTHACEAE.

75. VERATRUM VIRIDE, *Ait.* White Hellebore. Emetic, narcotic, &c.

76. CHAMAELIRIUM LUTEUM, *A. Gr.* Blazing Star. Devil's-bit. Bitter; tonic and vermifuge.

The foregoing list does by no means contain the names of all the Plants, indigenous to this County, which possess more or less of medicinal virtues,—though it doubtless enumerates several which have little claim to a place in any sound and effective *Materia Medica.* Yet it may be well to have a knowledge of their character, in cases where better remedies are not at hand. In order to economize space, I have merely hinted at the character of each plant; those who wish to learn their properties and virtues, more particularly, are referred to the Treatises on that subject. Of this Catalogue, those numbered 6, 9, 17, 21, 31, 36, 44, 54, 57, 59, 61, 65, 66, and 69, may be mentioned as medicines of established reputation.

WM. DARLINGTON.

West Chester, Penna., July 6, 1854.

A case of extensive fracture of the frontal bone—injury to the substance of the brain—patient living twenty days after the injury.—By ISAAC Z. COFFMAN, M. D., *of Phœnixville, Chester County, Pa.*

On the afternoon of the 24th of April, David B—, of this place, aged 8 years, healthy and of good constitution, was playing near a precipice with other boys, reached over after something, lost his balance and fell some 20 feet head foremost on a projecting rock, and fractured the frontal bone into four pieces, cut through all the membranous covering of the brain, and had a second cut at the junction of the nasal bones with the frontal. I was sent for in haste but not being at home, they successively went after two or three other physicians. On arriving at home, I immediately went to the residence of his father, and found Dr. Quick already there. The case looking so discouragingly no particular dressing was used

and I left. On the 25th I was again requested to visit him, and found him giving rational answers to all questions I put to him; dressed his wounds with adhesive strips; ordered him freely purged with Bi carb Potass and Jalap, and had cloths dipped in cold water constantly applied over the other dressings. 26th. Found him much better, purgative had operated freely, ordered him common nitrous powders every three hours, purgative repeated on the next day.

This treatment was continued without much variation; the wound suppurated and discharged healthy matter, wounds both closing. Converses freely and rationally on all subjects complains when the dressings are renewed, swelling and discoloration of the face all disappeared, no serious inflammatory action, and the case promised well until the 7th of May, when he was attacked with erysipelas above each ear, on the temple, which gradually extended back until it met on the neck, and forward under the chin. Purged him with the same purgative, gave nitrous powders for the fever and applied Tinct. Iodine with a pencil over the erysipelas three or four times daily, which arrested the disease in two or three days, and he once more promised recovery. The wound in the frontal bone ceased to discharge and looked less healthy during the time the erysipelas attacked him. One of the pieces of bone became loose, and had he survived I would have removed it. He had no symptoms of compression of the brain at any time after the injury, though the pieces of bones were considerably depressed, and portions of the brain were forced out by the fall, small pieces of it being found on his clothing at my first visit, and the wound having bled freely. On the afternoon of the 14th of May, I was summoned hastily to see him, found him in convulsions, and death closed the case at 4 o'clock, P. M. No post mortem was made, his friends having great repugnance to such an examination. The only circumstances at all singular or worth noticing in the case, are, the extensive fracture of the frontal bone, its depression, and yet no symptoms of compression; the injury to the brain itself, and the promise the case gave of recovery, and the length of time the patient survived I may, perhaps, in your next, give you some cases of instrumental labor.

Births in Chester County, as returned to the Register, from July 1st, 1853, to July 1st, 1854.

	M. W.	F. W.	M. C.	F. C.	Total
West Chester,	33	45	7	8	93
Thornbury,	5	2			7
Birmingham,	4	7			11
Pocopson,	1	2		1	4
Tredyffrin,	1	2			3
Londongrove,	2	2			4
West Marlborough,	2	1			3
Westtown,	3	4	2	2	11
Willistown,		1			1
East Bradford,	12	10		2	24
West Bradford,	3	2			5
Penn,		1			1
Wallace,	9	8			17
East Brandywine,	1				1
West Brandywine,	2				2
New Garden,	4	6		1	11
Kennett,				1	1
Londonderry,	5	6			11
West Fallowfield,	17	10	2		29
East Fallowfield,	5	2	1	1	9
West Caln,	1	2	1		4
East Nottingham,		1			1
West Whiteland,		2			2
East Whiteland,		2			2
Upper Oxford,	1	2			3
Schuylkill,	5	4	1		10
East Goshen,	6	3		1	10
West Goshen,	5	7	3	2	17
East Nantmeal,		1			1
West Nantmeal,	3	1			4
Pennsbury,	1				1
Honeybrook,		2			2
Newlin,	1	1			2
Charlestown,		1			1
Highland	3	2			5
	135	142	17	19	313

Deaths in Chester County, as returned to the Rregister, from July 1st, 1853, to July 1st, 1854.

	White Males.	White Females.	Colored Males.	Colored Females.	Adults.	Children.	Age unknown.	Total.	Gneiss and Mica Slate.	Talc Slate.	Red Shale.	Serpentine.	Limestone.
Apoplexy,	7	2			9			9	6		3		
Asthma,			1		1			1	1				
Ascites,	8	2			10			10	9		1		
Accidental,	4				4			4	4				
Anasarca,	1					1		1	1				
Angina Pectoris,	2				2			2	1		1		
Bronchitis,	1	1			2			2	1		1		
Bilious Fever,	1				1			1	1				
Bilious Colic,	1				1			1	1				
Bright's disease,	1				1			1	1				
Calculus,	1				1			1	1				
Cynanche Trachealis,	3	2				5		5	5				
Cholera Infantum,	2	4	1			7		7	7				
Colitis,	5	7			7	5		12	12				
Congestion of Brain,	4				4			4	3				1

| | | |

Deaths in Chester County—Continued.

	W. Males.	W. Females.	C. Males.	C. Females.	Adults.	Children.	Age unk'n.	TOTAL.	Gneiss and Mica Slate.	Talc Slate.	Red Shale.	Serpentine.	Limestone.
Hydrocephalus,	3	1				4		4	4				
Hepatitis,	3	2			5			5	5				
Hemmorrhage, (passive,)	1				1			1	1				
" of bowels,		1			1			1	1				
Hæmoptysis,	1				1			1	1				
Heart, Hypertrophy,	2	1			3			3	3				
Insanity,	1	1			2			2	2				
Laryngitis,	1				1			1			1		
Marasmus,	1	1				2		2	2				
Medullary carcinoma of bowels,	1				1			1	1				
Mortification of Foot and Leg,	1				1			1	1				
Metastasis of Rheumatism,	1				1			1	1				
Nephritis,	2	1			3			3	1		1		1
Neuralgia,		2			2			2	2				
Old Age,	8				8			8	7		1		
Osteo-Sarcoma,	1				1			1	1				
Ossification of Arteries,	1				1			1	1				

Ossification of valves of Heart,		2			2			2	2							
Organic disease of Heart,	2				2			2	2							
Phthisis Pulmonalis,	18	14	1	1	31	2	1	34	30		2		2			
Pertussis,		2				2		2	2							
Purpura,		1			1			1	1							
Paralysis,	2	7			9			9	8				1			
Phrenitis,		1			1			1	1							
Pleurisy,	1				1			1	1							
Pleuro Pneumonia,	1				1			1	1							
Pneumonia,	8	4	2		11	3		14	12		2					
Pneumonia, Bilious,		2			2			2	1				1			
Psoas-Abscess,	1				1			1	1							
Scarlatina,	2	4				6		6	4		2					
Scrofula,	1				1			1	1							
Stillborn,	2			2		4		4	4							
Scalded,	1				1			1	1							
Softening of Brain,	1	1			2			2	2							
Typhus Fever,	1				1			1	1							
Tuberculosis,	1						1	1	1							
Tumors,		1			1			1	1							
Uterine Hemmorrhage,		1			1			1	1							
Ulceration of lining membrane of Bowels,		1				1		1	1							
Unknown	6				6			6	6							
	155	99	9	4	205	57	5	267	239		18		10			

Table showing the ages of deaths in the preceding list.

	M. W.	F. W.	M. C.	F. C.	TOTAL.
Under 5 years,	18	24	4	1	47
Between, 5 & 10 "	2	4			6
" 10 & 20 "	5	2	1		8
" 20 & 30 "	11	9			20
" 30 & 40 "	10	5	1		16
" 40 & 50 "	20	6			26
" 50 & 60 "	12	10			22
" 60 & 70 "	25	8	1	1	35
" 70 & 80 "	23	21	2		46
" 80 & 90 "	19	5			24
" 90 & 100 "	5	2			7
Unknown,	3	3			6
Stillborn,	2			2	4
	155	99	9	4	267

Origin and Proceedings of the Chester County Medical Society.

April 27th, 1852.—Society met at West Chester. Dr. Worthington on behalf of the committee on Epidemics, reported "that in the discharge of the important duty assigned to them, they addressed to each member of the society a circular embracing several interrogatories in reference to the subject of investigation, but that a sufficient number of answers have not been received to enable them to make out the report for the State Society." They were continued to prepare their report and forward it to the State Society.

The constitution, by-laws and fee bill, reported at last meeting were taken up and with slight modifications adopted.

Dr. Ogier read a memoir of the late Dr. Stephen Harris, which was ordered to be filed, and the Secretary directed to furnish a copy to the family of the deceased.

Dr. Parish offered the following which was unanimously adopted:

This society having great reason to be satisfied with the plan heretofore adopted of preparing and preserving a memoir of each of its deceased members, therefore,

Resolved, That a committee of three, of which Dr. Wm. Darlington shall be chairman, be appointed to draw up short notices of all the deceased physicians who have practiced in

Chester county, to be preserved among the papers of the society.

Drs. Parish and Worthington were appointed in compliance with the preceding resolution.

On motion of Dr. I. A. Pennypacker it was resolved that the registration law of this State, coming into force on the first of July next, will be observed and faithfully executed by the members of this society.

The following officers were elected for the ensuing year.—President, Dr. ISAAC THOMAS; Vice Presidents, Drs. JOSEPH HICKMAN and ALEX. K. GASTON; Corresponding Secretary, Dr. C. W. PARISH; Recording Secretary, Dr. PRICE; Treasurer, Dr. E. F. RIVINUS; Censors, Drs. W. WORTHINGTON, B FUSSEL and A. MURPHEY.

Drs. W. Worthington, Murphey, Hickman, Edge, Ogier, Gaston, Townsend, Harry and B. Fussel, were elected delegates to the State Society.

A communication from the Delaware County Medical Society, on the subject of "gratuitous services to the poor," was received and referred to the delegates to the State Society.

Dr. Darlington read an interesting and eloquent address for which the thanks of the society were tendered, and a committee appointed to request a copy for publication.

Dr. Darlington tendered his resignation as a member of the society, which was accepted and on motion of Dr. Rivinus, Dr. Darlington was elected an honorary member of the society.

An adjourned meeting was held at Kennett Square on the 8th of June, 1852.

Drs. C. W. Parish, I. A. Pennypacker, S. H. Harry, Wm. D. Hartman, W. W. Townsend, John Boyd and S. Stebbins, were appointed a committee upon epidemic diseases.

And Drs. W. Worthington, A. K. Gaston, E. V. Dickey, M. Fussel and S. A. Ogier, a committee on medical topography.

October 26th.—A stated meeting was held at West Chester. On motion of Dr. Worthington it was *Resolved*, That this society being fully sensible of the benefits which science, justice, humanity and the public good must derive from a faithful observance of the act providing for the registration of marriages, births and deaths, do earnestly reiterate their determination to obey its provisions as far as possible, and would respectfully urge upon every member of our profession who is sincerely devoted to its best interests, the importance

of a cordial and united adherence to the duties it imposes upon them.

Dr. Worthington also moved the following resolutions, which were adopted:

Resolved, That we have full confidence in the protective power of vaccination; believing that it offers the best security against the fearful ravages of small pox, which is known to our art. and we cannot withhold the expression of our belief, that one of the principal causes operating to extend the mortality of this loathsome disease, arises from a neglect of vaccination and especially among the indigent and careless portion of our population.

Resolved, That we unite with the State Medical Society, in urging upon the Legislature the importance of passing a law providing for the gratuitous vaccination of the poor, and securing as far as practicable the extension of vaccination in every part of our commonwealth.

Resolved, That a committee be appointed, to co-operate with the committee of the State Society in procuring the necessary legislation upon this subject. Drs. Worthington. Ogier and Edge were appointed.

Drs. J. B. Brinton, C. W. Parish, S. A. Ogier, Joseph Hickman and I. R. Walker, were elected delegates to the American Medical Association.

An adjourned meeting was held at Paoli, on November 24th, 1852.

The following note was received from Dr. Darlington.—"Dr. Darlington presents to the Chester County Medical Society, six volumes of Medical Theses, an unbound bundle of medical pamphlets, six volumes of manuscript notes of lectures at the University of Penna., in 1802, 3 and 4, and Carpenter's General and comparative Physiology, 1 vol." On motion of Dr. Ogier it was resolved that the thanks of the Society be tendered to Dr. Darlington for his kind donation.

On motion it was resolved that Drs. Worthington, Ozier, Townsend Harry and Edge be a committee to ascertain the practicability of establishing a periodical journal of the proceedings of the Society and to ascertain what assistance we may expect from the Delaware County Society in the matter.—[This brings the history of the proceedings of the Society up to the regular issue in the Reporter.]

Tinctura Ferri Chloridi in Erysipelas.

The attention of the profession has been of late not unfrequently called to the use of the Tr. Ferri Chloridi in Erysipelas; and believing that the publication of a few cases in which it has been tried would be satisfactory, I have collected the following that have occurred in the Philadelphia Dispensary under the care of Dr. Wm. H. Hooper to whom I am indebted for the following notes. They are all the cases that were treated in his district from the date of the first one up to that of the last without any selection of those bearing favorable features.

One of the marked results of this remedy though not mentioned in the notes is a copious diuresis; and in a case in which the urine was examined iron was very easily detected.

Case 1st—Barbara N—. aet 46, residing in Baron St., received on the 30th of 1st mo., 1854, a kick from a horse upon the forehead above the left eye,the cork penetrating through the skin and facia. On the 31st Erysipelas appeared,and on the day following she applied for advice; the inflammation now extended over two-thirds of the forehead and entirely closed the eye; there was delirium, with the pulse at 110, furred tongue and constipated bowels. A dose of senna tea was first administered, after which she was directed to take 15 drops of Tr. Ferri Chloridi every two hours and to apply locally Liq. Plumbi Subacetat Dilut. On the 2nd the pulse was 90, no delirium, and not so much pain. On the 3rd inflammation abating and eye nearly opened. 4th, Erysipelas gone and wound freely suppurating. This afterwards soon healed.

Case 2nd.—John T—. aet 50, South St., applied 2nd mo. 10th. The erysipelas here extended over the entire face, embracing both ears and completely closing the eyes. It was attended with delirium, brown tongue, pulse 120 and constipated bowels. He was directed the same treatment.

11th. No improvement.

12th. The same.

13th. Tongue moist, pulse 95 and soft; mind clear.

14th. Still improving.

15th. Convalescent.

Case 3rd—Bridget G.—aet 15, Little Water St., applied 2nd mo. 24. The inflammation covered two-thirds of the face embracing both eyes. She was put upon the same treat-

ment but without any marked result. The disease lasted ten days.

Case 4th.—Mary K.—aet 19, Walnut St., applied 2nd mo. 27th. The erysipelas extended over a large portion of the forehead affecting both eyes and accompanied with slight delirium, pulse 116, tongue white, treatment the same, duration six days.

Case 5th.—Patrick W.—aet 22, Elmslie Alley, applied 4th mo. 4th. The disease had just commenced and only embraced the nose, but by the 7th it had spread over the whole face and scalp, though the patient had peen placed at once upon the above treatment. It lasted twelve days but was not accompanied by delirium nor much fever.

Case 6th.—William S—, aet 34, Front St., applied 4th mo. 23rd. He had delirium tremens accompanied with erysipelas phlegmonodes, which covered the left deltoid muscle. But little attention was paid to it at first, the treatment being almost entirely directed to the delirium until the evening of the 25th when the latter having nearly ceased and the former extended on the breast to the nipple and on the arm to the elbow, he was directed the iron 15 drops every two hours.

26th. The inflammation had spread no farther, the iron was continued; free incisions were made in the affected part and warm poultices applied. He improved rapidly from this time; and on the 29th was able to walk out, all the treatment being discontinued with the exception of the poultices.

The duration of erysipelas is stated by Dr. Wood to be from five to twelve days. In one of the above cases, (3rd,) it lasted 10 days and in another case, (5th,) twelve. This last being a severe one in the extent of the inflammation, though not in other respects.

Case 1st was an unfavorable one from the situation of the wound and from the patient being a woman of intemperate habits, yet it only lasted five days, and was but four under treatment.

Case 2nd lasted five days, case 4th six,and case 6th,a very unfavorable one both from the nature of the inflammation and from its complication only lasted six days and was but four taking iron. So that so far as these investigations have been carried the duration of the complaint,has been generally shortened, and with the two intemperate persons its beneficial influence was certainly very evident.

GEORGE MARTIN.

Philadelphia, 7th mo. 5th, 1854.

PROCEEDINGS OF SOCIETIES.

Proceedings of the Adjourned Meeting at Downingtown.

An adjourned meeting of the Chester County Medical Society was held at Downingtown, June 13th, 1854. President, Dr. Brinton in the chair.

The question "Are persons who use limestone water as a beverage less liable to attacks of dysentery than others," prepared for the consideration of this meeting was, owing to the small number of members in attendance, very briefly discussed. Dr. Edge remarked that the discussion came upon him unexpectedly, he had not heard of it until the day preceding, he had not therefore had time to do more than hastily examine the "Transactions of the State Society," but he would briefly give the result of this examination and also of his own observation in reference to the point at issue. In the 'Transactions' referred to, along with some evidence to the contrary he had found much to support the idea that persons who habitually use *limestone water* are far less liable to attacks of dysentery than others. In the Lebanon County Republican, for '51 it is stated "that dysentery prevails most frequently and with the greatest malignancy in the gravel district," that "the water in this district is highly charged with mineral salts, principally ferruginous." It is suggested that "filtering the water through finely pulverized limestone would answer as a preventive of this flux." The Berks Co. Reports for '50 and '51 strongly sustain this position; that for '50 declares that dysentery "*never* prevails epidemically upon the limestone formation, and that sporadic cases are unfrequent." In '52 the cases that did occur on this formation "could almost invariably be traced to exposure on the gravel." In Bucks county in '51 "it was confined to an elevated, sandy ridge, the limestone valley adjacent escaped." Dr. E. stated that in many limestone districts the water was largely impregnated with other mineral salts than the calcareous, principally with the ferruginous, derived from the adjoining slate formations or from the large bodies of iron ore that had recently been found overlying the limestone in numerous localities. This he thought would explain the apparent contradictory facts found in the reports to the State society, in which it was asserted that dysentery had prevailed on the limestone. The reports had, he believed, in nearly every instance failed to

state whether or not the the persons affected were in the habit of using *limestone water.* He hoped that hereafter pains would be taken to report accurately upon this point, so that we may accumulate sufficient authentic observations to settle the question. From his location in the midst of the limestone valley, while his circuit included the slate formations adjoining, he had ample opportunities for making observations in regard to the influence of limestone water upon the prevalence of dysentery. This he had endeavored to do carefully and impartially. All the facts that had fallen under his notice concur in strongly supporting the opinion that persons who habitually use *limestone water* are far less liable to dysentery than those who do not. This had been the belief so far as he could ascertain of all who had ever practiced in this locality; it had in fact been a tradition of the neighborhood, and was universally relied upon.

Dr. E. had known several families that for many years had suffered frequent attacks of Dysentery, that a few years ago at his suggestion, had put quicklime into their wells, since which they had been altogether exempt from the disease.

Dr. Ogier, stated that quite as many of his cases of dysentery occurred with those who used limestone water as with those who use water not impregnated with calcareous matter, and that in such cases he had found the disease quite as severe and difficult to manage as in any others. He had that day conversed with Dr. Gunkle, whose practice also embraced the limestone and slate formations, and who assured him that four out of five of his—Dr. G's.—cases of dysentery during the year '53, occurred with those who used limestone water. Dr. Ogier did not think the position assumed by Dr. Edge would be sustained by subsequent observations. He put the question to Dr. E. How would he explain the prophylactic action of limestone water?

Dr. Edge replied that he did not wish to theorize, all he desired was to elicit facts and let them decide the question. Yet if he must advance a theory, he would suggest that the chloro-hydric acid of the stomach, with the lime held in solution, formed the chloride of lime, which acted as a disinfectant.

Dr. Price said that from his location he had not had the opportunity of making personal observations in regard to the point under consideration; he could not therefore be expected to take much part in the discussion. He, however wished, as an offset to the views advanced by Dr. Edge, to call the at-

tention of the society to the fact that the "reports" referred to by Dr. E. contained quite as much that is opposed to his views as he has quoted in their support. In Montgomery Co. in '49, dysentery "exhibited its utmost malignancy in the limestone valley, and in '52, in the same district, Dr. Corson states that his "cases all occurred in a limestone valley *with persons using limestone water.*" Mifflin county report for '51 says, "the assertion of the Berks county report of last year 'that dysentery never appears epidemically on the limestone,' is not borne out by our experience." Blair county for the same year: "It occurred upon the limestone." The Huntingdon county report for '51 states "that in '49 dysentery prevailed with much violence in a limestone district, while the neighboring slate formation with a few exceptions remained free from the disease." Dr. McVey, of the same county in the report for '52 says "all the cases occurred on a limestone formation, *with persons using limestone water.*" Lancaster county report for '52, "The committee feel compelled to give their testimony against the opinion that dysentery does not prevail upon the limestone formation." Dr. P. thought the objection that the actual quality of the water used is not given in all the reports that assert the prevalence of dysentery upon the limestone, applied with equal force to the reports that assert the exemption of such formations. He agreed with Dr. E. as to the necessity of more extended and accurate observations in order to determine the question. The proportion that use limestone water in particular districts compared with those who do not and the relative prevalence of dysentery in each class should be accurately noted. If the "reports" referred to established anything in regard to the etiology of dysentery, he thought it was that it depended upon a cause or causes similar to that of intermittent and remittent fevers. Nearly all seem to agree "that localities favorable to the evolution of marsh miasmata are peculiarly liable to dysentery. Houses upon hill sides with southern exposures especially if there be a spring or stream of water within a few rods, are the most liable." The drying up of streams and ponds of water is generally associated with the development of the disease.

Dr. Brinton mentioned as showing the effect upon the bowels of mineral impregnation of the water used, the fact, as he had been informed by the physician formerly in attendance at the Chester county Prison, that previous to the introduction of hydrant water into that institution nearly every new prisoner was attacked with diarrhœa, while since that period no difficulty of the kind had been met with.

Delaware Co. Medical Society.

A stated meeting of the Delaware Co. Medical Society was held at the Charter House, Media, August 29th, 1854.

Dr. R. K. Smith, President in the chair.

The following members were present: Drs. R. K. Smith, R. H. Smith, George Smith, C. J. Morton and C. S. Heysham.

On motion, it was Resolved, That the Secretary be directed to request the Physicians of this county to report their cases of Cholera; the symptoms, treatment and the result, to the Secretary of the Society previous to its next meeting, in order that the Secretary may be enabled to lay before the Society a complete account of the disease as it occurred in Delaware county this summer.

An order was drawn on the Treasurer for the assessment upon the Del. Co. Med. Society, by the State Society, amounting to $12.

An order was drawn in favor of J. S. Bowen for the proportion of the deficit due by Del. Co. Med. Society for the Medical Reporter.

On motion adjourned.

Attest

C. S. Heysham, Secretary.

EDITORIAL.

Annual Report *of the City Inspector of the City of New York, for the year* 1853.—We have received a copy of the above report, and find it a very elaborate and excellent compilation of facts. In addition to the usual registry of deaths for the year, it goes back, and embraces a large amount of valuable statistical information in a tabular form for the last fifty years. We sincerely hope to see our own commonwealth enact laws which will secure the collection and preservation of similar details with regard to the number of deaths, and their cause.

A Stated Meeting of the Chester County Medical Society will be held at West Chester on Tuesday the 31st of October.

Cholera.—During the past summer, this disease has again passed over our country in an epidemic form. In some places it was marked by virulence, and great mortality. In others it assumed a milder and less fatal aspect. Throughout the whole country however, there existed a tendency more or less evident, to this epidemic. Where no well marked cases occurred, the general prevalence of bowel affections, constituting what the French call *Cholerine*, indicated a condition of atmosphere which seemed only to require some exciting cause to produce the genuine disease. We have no recollection of any former period in the history of this disease, when it prevailed in the course of a few months over such a large portion of the eastern and western continents. Heretofore its course has been more progressive, disappearing at one place and seizing upon another; but this summer it has existed simultaneously over a large portion of North America, as well as various parts of Europe. It seems altogether probable it will become a regular disease of our country.

Indiana Medical Journal–We are in the receipt of the first number of this new Journal, which is published quarterly at Evansville, Indiana, under the editorial management of Drs. Byford and Ronalds, Professors in the *Evansville Medical College.* Judging from the appearance of this number, we feel assured it will prove a valuable and interesting auxiliary to the advancement of Medical Science, not only in the south and west, but in every other section of the Union.

Annual Address *before the Philadelphia County Medica Society by* John F. Lamb, M. D., *the late President.*

We have been favored with the perusal of this excellent address, through the kindness of its venerable author. It is full of good advice and sound sense; betraying a mind well stored with practical truths, great experience, and a deep sense of the responsibilities and duties which belong to the conscientious practitioner.

RECORD OF MEDICAL SCIENCE.

Modes of Exhibiting Cod-liver Oil.—Those who have had large experience of the use of cod-liver oil must have been astonished at the surprising way in which, in a great majority of cases requiring its exhibition, it agrees. It is not easy to mark out beforehand any class of symptoms which contra-indicate its employment, if the existence of strumous disease call for it. Often symptoms, apparently the most likely to be aggravated, are removed or mitigated by its use in a way which surprises both patient and prescriber. Thus, in phthisical cases, a red tongue, acid eructations, biliousness, heartburn, liability to sick headaches, aching pain between the scapulæ, an instinctive and intense dislike to fat or greasy aliment, are symptoms which, without a question, may be remedied by the use of cod-liver oil. These statements, are of course, applicable only to a certain proportion of cases: there are others in which its use is clearly indicated, but in which the prescriber's ingenuity is taxed to the utmost to get the patient to bear the remedy. The following memoranda on this part of the subject, founded on our observations of the practice of the various London hospitals, but more especially of the City Hospital for Diseases of the Chest, may probably be acceptable to some of our readers.

Cases in which difficulty occurs may be divided into the following classes: 1. *Those in which the nauseous taste of the oil forms the obstacle.* In these, the use of the pale oil will generally obviate the difficulty; it is however, four times the expense of the brown, and is more liable to be adulterated, which are great objections. The taste of the brown oil may often be concealed by taking it floating on some bitter menstruum. A wine glass full of strong coffee, of ginger wine, of infusion of quassia, or perhaps, best of all, a quinia draught, containing a drachm of the tincture of orange peel, may serve this purpose. The oil may be stirred up in a little hot milk, and swallowed so warm that the sensation of heat over-powers the taste. Should these expedients fail, the patient may be instructed to put into the mouth a teaspoonful of marmalade or black currant preserve; and having lubricated all parts with the sweetmeat, so as to fully absorb the attention of the gustatory nerve, then swallow the oil. Advantage frequently results from closing the nostrils when taking the dose. 2. *Those in which the oil excites sickness and is quick'y rejected by vomiting.* Many of the expedients

mentioned above will obviate also this source of difficulty, more especially the use of bitters. Very few cases, indeed will resist the influence of hydrocyanic acid and bismuth exhibited three times daily for a few days preparatory to the trial of the oil, and continued during its employment. Patients should be directed to eat a little dry biscuit or bread crust before the oil, and then to take it floating on a cup of the coldest spring water. If these fail, as a last resource, the dose should be given in the recumbent posture, that is, in the morning, an hour or two before getting up, and in the evening after going to bed. This last suggestion is one emanating, we believe, from Dr. Birkett, of the City Chest Hospital, and often answers very satisfactorily. 3. *Cases in which the oil cannot be digested.* This is a large and very important class. Patients complain that they have a great repugnance to the oil, that it makes them feel sick for hours afterwards, though seldom causing actual vomiting; that everything they take afterwards, seems to taste of it, and that thus all relish for food is destroyed; that the oil "rises" either oily or with a most nauseous acid flavor. They frequently have bilious attacks; and, for a day or two in each week, probably the repugnance to the remedy is so great that they are quite unable to overcome it. If pushed under these circumstances, the oil does more harm than good; there are, however, extremely few such cases in which careful attention to the digestive organs will not enable its administration to be successfully conducted.

We copy the following formula from the Pharmacopœia of the City Hospital for Diseases of the Chest, where it is in general use for the relief of the condition alluded to:

"℞. Rad. rhei ʒiij; rad. zingiberis ʒij; rad. gentian. ℥iss; sod. carbon. ℥iij; aquæ pur. ℔viij."

The roots having been cut into small pieces, the infusion is made with cold water, and after standing in a cool place for about 12 hours, is strained. The mixture is clear and bright, and not in the least disagreeable to take. In cold weather it keeps well; but in summer the addition of some tincture is necessary to prevent it from becoming thick. If cough be present, it is usual to combine with each dose from half a drachm to a drachm of paregoric; if sickness, from two to three minims of the hydrocyanic acid; and if the signs of atony, a small quantity of the tincture of gentian, calumbo or hop.

By the use of this mild stomachic (a wine-glass full thrice daily), for a week or two before commencing the oil, and then

continuing it during the exhibition of the latter, many patients have been induced to bear it with advantage, who had failed in other prior attempts to do so. The mixture is so mildly aperient that it almost never purges, and it may be continued for months together with the effect of improving most markedly both the appetite and the digestion. 4. *Cases in which the oil, although taken easily, cannot be borne in full quantity, and does not appear to produce much benefit.* In many cases of phthisis coming under this head, the combination of tonic medication with the use of the oil often answers well. So generally, in fact, is advantage derived from such combination that at the Hospital for Chest Diseases there are very few patients, indeed, who take the oil alone. In almost all it is exhibited together with either the stomachic mixture above noticed, or some form of tonic. The favorite tonics are the sulphates of quinia and iron (gr. j with gr. ij ter die), or the sesquichloride of iron. The latter is extensively prescribed with the mineral acids in infusiou of quassia; or, if the stomach be delicate, in the following more elegant form, which is a prescription of Dr. Risdon Bennett's: ℞. Tinct. ferri sesquichl. *m*x; acid. nitrici dil. *m*x; syr. zingib. ʒss; aq. menthæ viridis ʒj. Ft. haust.

Notice has been made repeatedly in our hospital records during the last two years of the practice of combining the use of cod-liver oil with that of mercury, in small doses long continued, which prevails extensively at the Hospital for Skin Diseases, in cases of lupus and cutaneous struma, and at several other institutions, in the treatment of chronic disease of the joints. This kind of treatment is becoming increasingly prevalent, and is certainly very applicable to many forms of strumous imflamation. The plan of giving the oil to counteract the depressing effects of a mercurial course for the cure of syphilis in cachectic states of the constitution, has also been previously mentioned, and is well worthy of being borne in mind.—*Med. Times and Gaz.* May 13, 1854.

Olea Europœa.—Mr. Maltas, in the Pharmaceutical Journal says, he has found *Olive leaves* more effectual in intermittent fever than the quinine. He tried it in the island of Mytilene, at a time when the disease was very prevalent. He boiled two handfuls of the leaves in a quart of water, until evapo ation had reduced it to a pint; and then gave a wineglassful every three or four hours.

Topical Uses of Iodine.—The value of Iodine as a counter-irritant is year by year becoming more generally appreciated, and is yet much less so than it deserves. The iodine solution will probably, before long, entirely supersede mustard plasters, being at once more efficient, and much less disagreeable in its employment. The following notes on its applications will, perhaps, not be useless; they are the results of very extended observations in the hospitals generally, but more especially in those devoted to the treatment of diseases of the chest—1st. In the pleuritic stitches, or aching pains in the chest, so commonly recurrent in the course of phthisis, the iodine paint,* applied over the affected spot, usually affords, without any expense to the vital powers, much more relief than either leeches, sinapisms or blisters. It may be used in almost all conditions of the system with perfect safety. 2d. In cases of aphonia or hoarseness, depending on inflammatory thickening of the parts concerned in the production of voice, great benefit may be derived from painting the iodine over the front of the throat externally. 3d. If the mucous lining of the fauces, etc., be thickened and congested, the solution may, without risk, be freely applied to the part itself. 4th. In the treatment of chronic enlargement of the tonsil, the application of iodine to the gland itself will sometimes effect a cure, but is much less generally efficient than constitutional treatment. 5th. In cases of chronic pleuritic effusion, or of consolidation of the lung, the solution should be painted over a large extent of the diseased side, and is of great service when the period for blistering or leeching has passed. 6th. Applied extensively over the belly, iodine is a useful counter-irritant in the incipient stages of strumous peritonitis. 7th. In strumous ophthalmia, the application of the pharmacopœial tincture to the skin of the lids is often effectual in relieving intolerance of light; much benefit may also be derived from like practice in cases of granular lids. In both instances, frequent repetition is necessary. 8th. In all forms of periostitis, whether syphilitic, strumous, or the result of injury, iodine paint is invaluable. 9th. It is needless, perhaps, to mention the employment of iodine as a local application to bronchocele, to inflamed joints, and to the enlarge-

*The following is the formula for the solution alluded to:—R Iodinii 1 drachm; sp. vini rectificati 1 ounce; Ft. solutio. This should be allowed to stand by in a glass-stoppered bottle for some months before required for use. It then becomes thick and syrupy, rapidly dries when applied to the skin, and does not run. It should be applied with a camel-hair brush, one, two, three, or more coatings, according to the wished-for effect.

ments of the absorbent glands; with regard to the latter, a point is worthy of being borne in mind, to which Dr. Budd was, we believe, the first to direct attention, viz., the propriety of applying it to the skin beyond, and not over the affected gland, so as to allow of its being absorbed and taken through the gland in the course of the lymphatic circulation. 10th. Injections of iodine into the cavities of abscesses, glandular or otherwise, appear most frequently to produce good results, and to be unattended, except in very exceptional instances, by any risk. The theory of their use is, that the adhesive and not suppurative inflammations, as, for instance, in the radical cure of hydrocele. 11th. In cases of contracted cicatrices after burns, in which treatment by extension is adopted the application of iodine is of advantage in causing the absorbtion or softening down of the indurated structure. Some cases illustrative of this have recently been under care in the Middlesex Hospital. Care must be exercised, or ulceration may be caused. 12th. In cases in which the patient cannot be got to swallow medicine, as now and then happens in phagedæna of the throat, the specific influence of iodine may be induced by its endermic application, the best method being to paint over large surfaces of the skin the pharmacopœical tincture, choosing a different part each time.

The reason why, as a counter-irritant in all forms of chronic inflammation, iodine appears so superior to other applications, is doubtless to be found in the fact that it is capable of absorption, and may thus act beneficially in two distinct methods.

We have enumerated above some of the chief uses to which the iodine solution is daily put in the practice of the London Hospitals, but do not profess to have mentioned all. These are, however, enough, we think to prove its right to a place on the dispensing table of every Medical practitioner.—*Med. Times and Gaz.* April 8, 1854.

Treatment of Gonorrhœa.—A correspondent of the Journal in the far off West, desires us to publish the following prescription, which he considers to be a first-rate remedy. one that 'acts like a charm,' and with which he has had 'general success" in the treatment of gonorrhœa "for the last two years." He recommends that "the bowels be well cleared with sulphate of magnesia," after which "a tablespoonful of the following mixture three times a day; ℞. Spts. lavand. comp. ℥i. Spts. nit. dulc., ℥iii.; bals. copaiba, ℥iss ; Spts. vin. Hollandi, Oss. M.—*Boston Med. & Surg. Journal.*

Carbuncles and Boils.—The Dublin Medical Press contains some proper remarks in regard to the efficacy of lead plasters—the common lead or litharge plaster spread upon soft white leather—in these painful and troublesome affections, which have prevailed in some places epidemically during the past year or two. After poultices and fomentations in the active stage of the inflamation, it is advised to apply a lead plaster so as to cover the tumor and extend a little beyond it upon the sound skin. The effect is to stimulate the exhalent vessels to an increased discharge of perspirable matter, allay irritation and pain, and hasten absorption and suppuration. When the latter exists an opening in the plaster should be left to facilitate the discharge of matter, and the plaster should be changed only as may be necessary for cleanliness. In this account nothing is said of the more stimulating applications, iodine, alcohol, camphor, &c., to facilitate the resolution of the tumor. The two plans might be combined with great promise of increased advantage.—*Memphis Med. Recorder.*

Chloroform Ointment.—This may be made by incorporating from one to two drachms of chloroform with an ounce of lard or simple cerate. Dr. Ronald, of Louisville, found it very effectual in relaxing a rigid os uteri, which had resisted blood-letting, tartar emetic, and warm bathing. It was freely applied to the external surface of the neck of the uterus, causing a slight smarting sensation, which in other cases was not felt if applied during the contraction of the organ. In twenty-five minutes the os uteri was found dilating rapidly, soft and pliant; and in one hour and twenty-seven minutes the woman was delivered. We have never failed to succeed in such cases by means of blood-letting alone, but there may be such as require other appliances; and from this account of chloroform it seems likely to prove more effectual than belladonna, which has latterly been highly extolled as a relaxant. —*Memphis Medical Recorder.*

Iodine an antidote to the poison of the Rattlesnake.—E. Harwood, M. D., *in the Northwestern Medical and Surgical Journal,* recommends with much confidence the use of the Tinct. of Iodine for the purpose of neutralizing the poison of the rattlesnake. He applies it externally with a camel-hair pencil, and gives it internally in the dose of twenty drops every four hours until the swelling subsides.

Gallic Acid in night sweats of Phthisis.—Under the usual treatment of Phthisis, (full diet, cod liver oil, and tonics,) night perspiration often ceases spontaneously. If it becomes desirable to expedite the process, it may be done by the sesquichloride of iron, the mineral acids, or, best of all, by the gallic acid. The following is the prescription for a night draught containing the latter: ℞. Acidi gallici, grs. vij.; morph. acet. gr. $\frac{1}{8}$; alcohol, Q. S. (a few drops;) syr. tolutan, ʒss: aquæ, ʒi.

The night pill, as we find in the Pharmacopæia of the Brompton Hospital for consumption, is—

℞. Acid. gallic, grs. v.; morph. hydrochl. gr. $\frac{1}{8}$; mist. acac. q. s. Ft. pil. ij.

It is also an advantage to adopt an astringent regimen as far as convenient. The patient should be directed to sleep on a matress, alone, and not heavily clothed; he should wear no flannel in bed; as dry a diet should be taken as conveniently can be borne, and fluid should be especially avoided in the latter half of the day, none whatever being allowed later than several hours before bedtime.—*Southern Med. & Surg. Journal, from London Medical Times.*

Consumption Cured by Cod-Liver Oil.—In the recent Transactions of the College of Physicians of Philadelphia, Prof. Wood said, "The oil has been almost universally employed in this disease; and, during the first years after its introduction, a most striking effect was observed—the number of deaths from consumption diminishing surprisingly. Now there appeared to be no other cause to which this diminution of deaths could be attributed, excepting the use of the cod-liver oil. Hence, from a decrease in the proportion of deaths from consumption, since the period when it used to be between a sixth and a seventh of the whole mortality, we have a right to infer that we have gained something from the use of the oil in that disease; probably that we have cured by it one in every eight cases, with the anticipation of a still larger proportion hereafter."

New mode of administering Cod Liver Oil.—Take the yolk of one egg; sugar, two ounces; orange flower water, one ounce; cod liver oil, three ounces; essence of bitter almonds, one drop. Either the sixth or eighth part will be a dose, according to the quantity of oil which is intended for the patient.—*Med. News, from Am. Cliniq. de Montpelier.*

Gleet.—The "Rep. de Pharmacie," recommends the following prescription as being useful in gleets of long standing. ℞. Pulv. Secale cornut, ʒi.; Ferri Sulph., gr. i.; Camphoræ, vanillæ, gr. ss. M. et divida in chart, No. XX. One to be taken morning and evening.—*Boston Med and Surgical Journal.*

BIOGRAPHICAL DEPARTMENT.

Biographical Notice of Dr. Joseph Shallcross, *of Delaware County, Pa. Reported by C. J. Morton, M. D.*

Doctor Joseph Shallcross settled in Darby in April 1794. He was the son of Joseph Shallcross of the State of Delaware, and was born in Wilmington on the 12th of December, 1759.

After receiving a classical education, he passed through a course of medical studies under the direction of Dr. Nicholas Way, a respectable physician of Wilmington.

He commenced practice in the place of his birth, and soon after married Hannah, the daughter of John and Elizabeth Knowles, of Delaware county. He had been married only a few years when he lost his amiable and beloved wife, who died childless. After that event he made a voyage to Europe where he spent a year or more in England and on the continent.

In 1788 he married Catharine, the daughter of Dr. Jonathan Morris, of Delaware county, and fixed his residence at Stanton, near Wilmington,Del. Here he joined to the practice of medicine a mercantile business which proved unsuccessful.

The profession of medicine is a jealous spouse, who requires from her votary the homage of individual affection, otherwise the penalty of transgression is generally inflicted.

Dr. Shallcross removed to Darby in April 1794, where he remained a few years and then settled on his farm in the neighborhood. He was cotemporary with Dr. William Gardiner, a truly good man, between whom there always existed mutual esteem and a cordial co-operation in all the necessities and requirements of their professional duties.

During that period the practice of medicine was not prosecuted with the same activity as at a later time. The population and resources of the neighborhood have since then been greatly augmented and developed, and not only requires from medical men greater industry but have encouraged it also by a fairer reward.

After his removal from the village, Dr. Shallcross was physically incapable to perform the duties demanded by an extensive practice, had it been required of him. That was not the case; neither his own nor the necessities of the neighborhood called for it. His judgement was, however, much respected by his brethren and the public, and his advice was sought after and confided in.

Dr. Shallcross was favored with rare mental endowments, improved by a good education, extensive reading and large intercourse with men in early life. Tender and affectionate in disposition, his heart was ever sensitive to all human suffering, an affectionate husband and father, a kind and benevolent neighbor, he was ever conferring on others comforts he could not enjoy himself.

Early in the year 1810 he took cold which occasioned a slight pulmonary inflammation. This was renewed from time to time, and eventuated in abscess of the lungs. He passed through the winter and spring in varying degrees of suffering; and on the 22d of May, 1811, he expired, in the utterance of a petition to the Most High for protection to his children.

To which his distinguished son, Dr. M. C. Shallcross, of Philadelphia, makes the following beautiful exclamation:

"Beloved Parent! Thy prayer was heard, and now after the lapse of forty-two years, again farewell!

Moses Pierce, son of Caleb and Hannah Pierce, was born in Chester county on the 18th of June, 1782. His mother was a sister of Dr. Moses Marshall, and a neice of Humphrey Marshall, the botanist.

He studied medicine with his brother-in-law, Dr. James Gibbons, of West Chester, attended a course of lectures in the University of Pennsylvania, and without graduating, commenced the practice of physic in West Chester, as the successor of Dr. Gibbons, whose residence he purchased in March, 1805.

Dr. Pierce was soon disabled from practice by pulmonary consumption, and disposed of his residence to Dr. Wm. Darlington. He died on the 18th of June, 1808. Dr. Peirce was never married. He was a man of great energy of character, and the most stoical fortitude. He contemplated his approaching dissolution with singular calmness; and in the spring of 1808, calculated the number of weeks which he thought he could live, with surprising accuracy. [Dates furnished by Mrs. H. B. Edwards.] W. D.

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ORIGINAL COMMUNICATIONS.

Essay on the use of Tobacco, by S. A. Ogier M. D., of Chester county, Pa.

The fact that man is endowed with faculties which enable him in a measure to accommodate himself to a variety of circumstances adverse to health has led to error at least in the popular mind, in regard to the power of habit.

Habit it is said "becomes second nature," but this is untrue when applied to acquired tastes for things in themselves poisonous, it cannot change the nature of the agents, nor can it so change our natures as to render those poisons innoxious.

What habit does in regard to such improprieties, is somewhat analagous to what it does respecting violations of the moral code, it blunts the susceptibilities of those monitors and safe guards placed by nature to warn us of danger, or to punish her violated law.

We are all aware that under certain circumstances, we can so introduce into the system certain active articles of the Materia Medica (poisons) as to bring about, what we call tolerance of those drugs, that is their ordinary effects are not present, but they are not therefore inert; indeed if there were no other influence excited by them, than that of render

ing the system unsusceptible to their ordinary action, it would constitute disease.

Would any one suppose that habit could so modify our natures, as to enable us to endure the constant application of hyosciamus, or conium without injury, and if such would not be true of these, why should it be believed of that far more powerful narcotic poison, tobacco, to some of the injurious effects of which we design to draw attention in this paper; to some this may appear a useless consumption of time, regarding the question of its being injurious as settled beyond dispute; such, would certainly seem to be a rational view of the subject, but that there is diversity of opinion in the profession respecting the use of tobacco, there is ample testimony. Some look upon it, as not only innocent but beneficial, others regard it as a poison to which the constitution, soon becomes accustomed, when it ceases to produce any injurious effect. And, if the practice and example of the profession is of any value, we will find a majority teaching that it is good for man. From all such however we would differ, and believe that tobacco is a poison ever active, regardless of habit, though of course its modus operandi is modified by it.

Some doubt exists as to whom belongs the honor (if such it be) of having first introduced this article of luxury to the civilized world.

It is generally admitted to be a native of tropical America, from whence it was carried to Spain by Hernandez de Toledo in the year 1559. It soon found its way to France, where under the patronage of the heartless Catherine de Medecis, snuffing became a fashionable stimulant.

Sir Walter Raleigh in the year 1585 introduced tobacco smoking to his countrymen, the English.

In the year 1535, Dr. Mussey says it was found in Canada; he gives the following curious quotation descriptive of it:

"There groweth a certain kind of herbe, whereof in sommer, they make great provision for all the yeere, making great account of it, and onely men use it; and first they cause it to be dried in the sunne, then weare it about their necks wrapped in a little beastes skinne, made like a little bagge, with a hollow peece of stone or wood like a pipe; then when they please they make powder, and then put it in one of the ends of said cornet or pipe, and laying a cole of fire upon it, at the other end sucke so long, that they fill their bodies full of smoke, till that it cometh out of their mouth and nostrils, even as out of the tonnele of a chimney."

Wherever it was introduced it became a popular luxury,

though its introduction into society was met by strong opposition from some quarters.

James the first made war upon it and its friends, with his pen, in his celebrated "Counterblast to Tobacco."

He certainly denounces it in very choice terms. "Tobacco" writes the king, "is the lively image and pattern of hell, for it hath, by allusion, in it, all the parts and vices of the world, whereby hell may be gained; to wit, first, it is a smoke; so are all the vanities of this world; secondly, it delightest them that take it; so do all the pleasures of the world, delight the men of the world; Thirdly, it maketh men drunken and light in the head; so do all the vanities of the world men are drunken therewith. Fourthly, he that taketh tobacco cannot leave it; it doth bewitch him; even so the pleasures of the world make men loath to leave them; they are, for the most part, enchanted with them. And further, besides all this, it is like hell in the very substance of it, for it is a stinking loathsome thing, and so is hell."

In 1534, smoking was denounced in Russia under penalty of losing the nose.

One of the Turkish Sultans, rendered it punishable by death under the supposition that it produced sterility.

Pope Urban VIII, published a bull in 1624, excomunicating all persons found guilty of taking snuff in church.

As might be expected stringent laws existed on the subject in New England; a law was passed "forbidding any person under twenty-one years of age, or any other, that hath not already accustomed himself to the use thereof, to take any Tobako untill he hath brought a certificate under the hands of some who are approved for knowledge and skill in phisick, that it is useful for him, and also that he hath received a lycense from the Courte for the same."

At a town meeting in Portsmouth, N. H., in 1662, it was "ordered that a cage be built, or some other means devised, at the discretion of the Selectmen, to punish such that take tobacco on the Lord's day, in time of public service."

A recent writer on the subject says, "There are but three kinds of animals which generally will taste it. The rock goat of Africa, whose stench is so insufferable that no other animal can approach it. The tobacco worm, whose intolerable image gives to every beholder an involuntary shudder, and one other kind of non-descript animal whose tobacco frothings and spittings, defile his own visage, bespatter and bedaub everything within his reach; who besmudges and pollutes the atmosphere with his nauseous fumigations, and whose

Stygian breath seems to denote approximation to some bottomless pit."

But in spite of all this opposition on its first introduction and the continued warfare and ridicule waged against it, to the present moment, tobacco is at this day said to be the most universal luxury in existence.

It seems not out of place here to give some statistics derived from a little work by Dr. L. B. Coles, showing the quantity of tobacco used in this country. In Richmond, Va. alone, there are manufactured about 15,000,000 pounds, requiring forty-five factories and about twenty-five hundred hands.

In 1840, there were employed in the culture and manufacture of the article in the United States 1,500,000 persons—nearly one-tenth of the whole population.

It is said that in the City of New York, more money is paid annually for this article than for bread. The consumption in the States, in 1840, was $20,000,000. This amount consumed by a population of 17,000,000, then would make the amount used now, in 1852, by a population of about 25,000,000,—considering its evident proportional increase to be, probably, not less than $30,000,000, annually.

Tobacco by systematic writers on poisons, has been classed with the narcotico-acrid and grouped with the deadly nightshade and thorn-apple; all parts of the plant are said to contain its active principles; the leaves however are the only parts known to be used either as a medicine or luxury.

The name Tobacco, it has been supposed is derived from the province of Tobasco in Yucatan where it was first known to the Spaniards; others suggest the name of the instrument or reed used to smoke it,—tabaco.

Tobacco, according to analysis made by several chemists, contains at least two active principles, an acrid alkaloid and an essential oil; both these products are prompt and powerful poisons, though differing in their action. The alkaloid is said to act particularly on the heart, destroying its action, the essential oil acting chiefly on the brain producing coma and convulsions.

A diversity of opinion exists as to which of the several modes of using tobacco is the most injurious. Under ordinary circumstances probably smoking might be said to be the least hurtful, simply because, man engaged in the various occupations of life cannot indulge so constantly in smoking as in chewing or snuffing. But where it is carried to excess, it is probably more injurious than excess in either of the other

forms, because we have the poison more concentrated. If the oil obtained from the combustion of a single segar, were swallowed by even a smoker, death would undoubtedly quickly follow.

An English querist in the Oct. No. of the Medical Examiner, 1850, says "many circumstances have of late occurred, in which I have seen the most injurious effects from the use of tobacco upon the nervous, circulatory and digestive functions. After relating a number of cases of disease produced by tobacco, he asks for the experience of the profession in this country; in reply I have seen but one communication on the subject, that of Dr. P. C. Sutphin of Bedford county, Va. who denies that tobacco exerts any pernicious influence; this opinion would seem to be sustained by the high authority of Dr. Christison, who says "evidence is not wanting therefore to prove that this plant (tobacco) is a very active poison, yet every one knows that under the influence of habit, it is used in immense quantities over the whole world as an article of luxury, without any bad effect having been clearly traced to it."

Another writer on the effects of chewing tobacco upon the sailor says "the juice of the tobacco must act primarily in the stomach, and primæ-viæ; it probably diminishes the power of digestion, though accelerating the action of the bowels and from the latter effect prevents such disease as colic, &c., too often depending on obstinate constipation." "The tobacco when first chewed, must have an effect on the nervous system, as well as the stomach and intestinal canal, stimulating at first and afterwards proving narcotic. These two effects are just what the sailor wants, namely: a stimulus to enable him to perform his arduous duties with alacrity and spirit, and when relieved from these to procure him a sound sleep." The same writer in another place informs us that, "In the hot relaxing climate of India, where indolence is too apt to be induced among the European residents and the higher order of natives, the hookah is resorted to, which thus supplies a means of exercising the lungs without the trouble of moving the body. The use of the hookah, like many other practices among the natives is founded on experience of its beneficial effects. To all people who lead sedentary lives, either from the nature of their employment, or profession, as well as where the heat of the climate prevents their taking active exercise, the practice of smoking is beneficial, provided there is no tendency to apoplexy or fullness of blood in the head."

The arguments of this writer in favor of the use of tobac-

co are similar to those advanced by some in favor of the healthful tendency of spirituous drink, and equally fallacious. The sailor no more wants tobacco than he does rum; both may appear momentarily beneficial, but ultimately tend to disease. In regard to its overcoming constipation by its power of increasing the peristaltic motion of the bowels, we may say that by many this power is denied to exist, and that a contrary effect is ultimately produced; but, if it is admitted so to act, its administration like other medicinal substances, should be under the direction of one qualified to judge of its necessity and effects, and not assume that it must be beneficial, as does this writer because "otherwise it would not have existed so long." Notwithstanding such high authority, we are surely correct when we say such opinions are in conflict with the experience of the profession generally, nor can we explain upon rational grounds how its use is innocent; to say that we become accustomed to its influence does not satisfy for this tolerance of the poison; it is at the expense of nervous energy; the vital principle resists for a time, and partially, its influence, but this is done at an enormous expense and finally, we hazard nothing in saying that all who continually and for any length of time use the poison suffer materially from its effects.

Death has not unfrequently followed its use in the ordinary way; many cases are related in the books. Its effects on the uninitiated are so well known as scarcely to require notice except to wonder at the singular and unparalleled perseverance with which a practice so disgusting is pursued.

The consumer of tobacco having passed through the severe initiation, he is no longer nauseated, nor is its debilitating effects so permanent as at first; he now begins to reap the reward of his perseverance. The pleasurable effects are now realized. For me to describe those sensations, I am sure would be a waste of your time; they must be experienced to be appreciated. I am acquainted with no indulgence which affords anything like the amount of gratification of its kind, as the smoking of good tobacco. Dr. McNish thus speaks of the smoker: "An air of peculiar satisfaction beams upon his countenance, and as he puffs forth volumes of fragrance, he seems to dwell in an atmosphere of contented happiness. His illusions have not the elevated and magnificent character of those brought on by opium or wine. There is nothing of Raphael or Michael Angelo in their composition. Nothing of the Roman or Venitian schools. Nothing of Milton's sublimity or Ariosto's dazzling romance. But there is some-

thing equally delightful, and in its way equally perfect."—Chewing and snuffing also afford like pleasurable emotion, though far more disgusting to the uninitiated. Would that we could feel satisfied, that these pleasures are not surely followed by evils far outweighing them. Alas that the sweet feeling of satisfaction and repose, must be disturbed by the painful conviction of disease induced by the indulgence; but so it is. We could give our own painful personal experience in proof of the truth, but prefer to avail ourself of the abundant material furnished from other sources.

The nervous, circulatory and digestive systems, are each liable to be affected, indeed, if we are to credit all that has been charged to the account of tobacco, no part of the consumer escapes disease; even the muscles are said to become impregnated with the taste and smell of it; "In proof of this it is asserted as an incontrovertible fact, that the race of human beings called cannibals, from the habit of eating human flesh, detect in the flesh of tobacco users, by the flavor and the taste, the presence of the article and cast it aside as unfit for their use. The reputation of human flesh among cannibals therefore, is destroyed by being tobacconized."

Gastric derangement is probably the most common, if not constant attendant upon its use. In the estimation of Dr. Chapman, far the greater number of dyspeptic cases which consulted him were induced by tobacco, and such I doubt not is the case with the profession generally; and from the nature of the poison it is just what we might reasonably anticipate. The immense waste of the saliva whose office it is to prepare the food for those changes to be wrought in the stomach would alone, it seems, be sufficient to render the proces of digestion difficult, but we have, added to the loss of an important item of the material required, the depressing influence to the nervous action of the stomach itself. That digestion under this condition, should be imperfectly performed, can excite no surprise, and I am sure that the experience of all in the treatment of the dyspepsia of tobacco chewers must be, that so long as the habit is continued, medical treatment exerts but little influence towards effecting a cure.

Cases of dyspepsia have frequently consulted the writer, in which the tobacco influence excited very marked peculiarity One case that I saw a few months since, exhibited in a marked degree its powers. The subject was a little girl aged nine years. The appearance of the child was peculiar; her countenance was that of an adult woman whose life had been one of sorrow and care. Her skin was of an unhealthy leaden

hue, and much wrinkled. The eyes sunken in the sockets and lustreless. On inquiring into her symptoms and character, I found she suffered from oppression about the precordia, depraved appetite, torpor of the bowels; her mother informed me, she was disinclined to play or associate with those of her age, but seemed only to take comfort in her pipe which was almost constantly in her mouth. The habit of smoking was contracted in this way: the mother suffering from chronic disease, which confined her to bed; the little girl, when only seven years old was employed to light the pipe for her. That all her trouble proceeded from tobacco, I have no doubt; unfortunately she did not remain long enough in my neighborhood to verify this diagnosis, by the treatment, which consisted in the main of withdrawing the tobacco.

A young gentleman aged 23 who had substituted snuffing for chewing tobacco, was under the writer's care, with the following symptoms: general debility, loss of appetite, disturbed sleep, fulness about the stomach, pain of a subacute character about the lower bowels for an hour or two in the morning, his bowels were moved every morning. The dejection consisting of the proper feculent matter; soon after his motion, there would be frequent desire to go to stool, when only a little mucous would be passed at intervals for an hour or two; he would then be relieved till the following morning when the same unpleasant condition of things would return. After a careful review of his case, and by way of experiment, he was induced to abandon tobacco altogether for awhile. He took no medicine, and his bowels and stomach soon regained their healthy condition. In this case I think I may safely say his disease was tobacco, as abstinence from it was the cure.

The case of Dr. Chapman to be found in various medical works, is so graphically portrayed, and such positive evidence that I will here repeat it. "By a member of Congress from the west, in the meridian of life," the Dr. writes, "I was some time since consulted, who told me that he labored under the greatest physical and moral infirmity, which he was utterly unable to explain, and that from having been one of the most healthy and fearless of men he had become, to use his own phrase "Sick all over, and timid as a girl;" he could not present a petition to Congress, much less, say a word concerning it, though he had long been a practising lawyer, and served much in legislative bodies; by any ordinary noise he was startled and thrown into tremulousness, and was afraid to be alone at night, his appetite and diges-

tion were gone, he had painful sensations at the pit of the stomach, and unrelenting constipated bowels. During the narration of his sufferings, his aspect was ghastly approaching the haggard wildness of mental distemperature. On enquiring, he informed me his consumption of tobacco was almost incredible, by chewing, snuffing and smoking; being satisfied that all his misery arose from the pernicious weed, its use was discontinued and in a few weeks he entirely recovered.

There can be no question that the depressing influence of tobacco on the nervous system is a fruitful source of many of those cases of functional derangement of the heart, which attack young men, and where pre-existing disease of that organ exists, the use of tobacco cannot fail to augment the distress, and frustrate all remedial measures.

In the preparation of tobacco for consumption, the work people in the factories, it has been asserted, suffer from its effects. In the report of a committee appointed by the Society of Medicine at Paris, to investigate the effects of tobacco on those engaged in its manufacture, it is said: "All or nearly all work people, on their first admission to the manufactory, experience certain symptoms, cephalalgia, nausea, anorexia, insomnia, and often diarrhœa; generally speaking these symptoms disappear in the course of eight or fifteen days; with some they do not give way at all, in which case they are obliged to leave the manufactory. The symptoms are more marked in women than in men. When once they have ceased to manifest themselves, the work people seldom complain, and are considered acclimated. In reality, however, they continue to experience the effects of the tobacco, as is proved by a change that takes place, in the course of time, in the color of the skin. It gradually assumes a peculiar grayish tinge which may be said to occupy a medium between the paleness of chlorosis, and that of other cachexiæ. This change does not usually take place in less than two years. It may be remedied, like chlorosis, by the preparations of iron, and appears to be owing to some modification that has taken place in the blood, under the prolonged influence of the tobacco. A fact which seems to show that the blood is modified in these work people, is, that when is is abstracted, it is seldom buffed, so that it would seem to be partially deprived of its fibrin,"

Deafness and loss of voice have both been clearly traced to the use of tobacco. Desire for stimulating drink is created by it, particularly among chewers.

The last though not least of the pernicious effects of tobacco which I shall notice is insanity. The records of the various institutions for the insane, exhibit the fact that many of the unfortunate inmates owe their insanity to excessive use of tobacco, and it is not improbable that, the number might be increased from those cases, the cause of whose insanity is put down as "uncertain" or unknown.

In the month of October, 1852, the writer was consulted by Mrs. G—— aged 39, the mother of eight children, the youngest then seven months old. Her symptoms were those of dyspepsia, from which she had suffered for a length of time,—how long I could not with certainty learn,—but of late her uneasiness from indigestion and nervous irritability, increased so much as to render her constantly ailing. I directed particular attention to her diet, with the use of a bitter tonic. Her symptoms were by these means relieved for a time though not entirely removed; gradually she relapsed into her former condition, her appetite failed, the bowels became irregular, occasionally costive, with occasional diarrhœa.—About this time the severe illness of another member of her family caused me to be a constant attendant at her house, when I made the discovery of her being addicted to the filthy practice of chewing snuff, and that in disgustingly large quantities, besides several times a day, she indulged in smoking.

I considered and told her if this tobacco using was not the cause, it would at least, prevent the cure of her dyspepsia. After some argument upon the subject, she promised to give it up. The promise however, as I afterwards learned was the only effort she made at reform; the habit was continued, her health continued to fail, she lost her flesh, a state of mental torpor ensued, she lost interest in her domestic affairs, her friends including her husband became objects of aversion, even her infant still at the breast failed to arouse her; she would neglect for hours, and hear unmoved its cries for its accustomed nourishment. This unhappy state of things continued for more than two months, when her mental disorder assumed a more alarming aspect; fears were entertained that she would commit violence on herself or child. On the 2d day of January I was hastily summoned to her, she having swallowed a quantity of laudanum. By the use of proper means the stomach being thoroughly emptied, no serious evil resulted. At my suggestion, she was the following day taken to the Insane Asylum. I need hardly say that while in that institution she was compelled to do without tobacco. At the expiration of three months she returned to her friends in a

perfectly sound state of mind, and general health greatly improved. She has not since resumed the use of tobacco, which she is now convinced was the cause of all her trouble.

I will not consume more of your time in the recital of cases of tobacco induced disease. Enough has been said, I conceive to draw the attention of the society to the subject, which I think has not received that attention which its importance merits.

Transactions of the Medical Society of Pennsylvania at its Annual Session held in the city of Pottsville, May, 1854. *Vol. IV—pp.* 171.

It is undeniable that the volume annually issued by the State Society has, for the last two years, contained much less matter of interest and importance to the profession than was to be found in the preceeding issues of the society. This may perhaps in part be ascribed to the less extensive prevalence of several epidemics; but giving this circumstance its fullest weight, it must fail in accounting, entirely, for the general brevity and dearth of interest, of the reports of the county societies. With but one or two exceptions they bear unmistakeable evidence of deplorable indifference and neglect, and of none can this be said with more force than of that of our own county, (Chester.) It fills about half a page of the printed "Transactions" and contains one piece of definite information, viz:—that the chairman addressed a letter to each member of the committee, and that he received no replies thereto. What physician is there among us, retaining a spark of professional pride, who will not blush to think that this county, always claiming so much of public spirit, education and intelligence, and which was the pioneer in medical organization, should have contributed such a meagre report to the State Society. These strictures are not upon the committee alone. They have been, it is true, remiss in the discharge of their duties; but their best efforts must be incomplete without the active coöperation of physicians generally. Before we can reap the full benefits of our organization, members must form the habit of accurately observing, reading and reporting the phenomena of disease, the circumstances that influence its development, progress and termination. Were each member faithfully to perform this duty, a mass of facts and sanitary statistics would soon be accumulated, of incalculable benefit to the profession and to humanity.

It appears that the scope given to the committee of the

Chester County Society is more limited than is the case in other counties. It is entitled the Committee upon Epidemics, and its reports have been almost wholly restricted to a notice of epidemic visitations of disease. In other counties they are termed sanitary committees and are expected to report generally upon the sanitary condition of their respective counties. This is a matter certainly deserving the notice of the society.

The report from Delaware county, though limited, contains considerable matter of interest. Those from Huntingdon, Philadelphia and Schuylkill counties contain much valuable information and are deserving of especial notice. Credit is also due to Dr. Hiram Corson for a valuable report of cases of erysipelas subsequent to vaccination.

The address of the President, Dr Hiester is a sensible exposition of the "means of suppressing the evils of quackery." To most of his views we can cordially subscribe. We sincerely hope that his pleasing expectation, that the general diffusion of knowledge,—especially upon subjects relating to medicine,—will prove a "ra ical remedy" for the evils in question may be fully realized. That it will accomplish much and is indeed one of the most effectual means of reaching the evils, we firmly believe. But we must confess we could more easily indulge the Doctor's sanguine anticipations, did we not so often find educated persons, Clergymen, Judges, Lawyers Principals of Schools &c., zealously engaged in making proselytes to some new and exclusive system of cure, or parading their names in the public prints as endorsers of some cure-all nostrum, it is perhaps true that these gentlemen, who so much degrade themselves and disgrace their profession are, though possessing a certain amount of *learning*, utterly ignorant upon all that pertains to medical science.

Under the head of charlatanism he gives quackery, in the profession, some severe raps. His remarks upon this head are extremely pertinent. There is certainly nothing more degrading to the profession, and galling to the mind of an honorable physician. "Who would not rather deal with the shameless quack than with such degraded counterfeits of an honorable calling." J. P.

A Case of Hemeralopia; by J. BROOKE, M. D., of Chester county, Pa.

W. Y., æt fifty-four, was attacked with night-blindness early in May last. The disease commenced with a slight dimness of vision, which came on as soon as it began to grow dark in the evening, and continued until daylight the next morning. This continued to increase, but for some weeks it was not so great as to prevent him from walking out on a tolerably clear night. At length, however, vision became almost completely destroyed the moment it began to grow dark, and the dimness continued until a late hour in the morning.

The patient could see, though imperfectly, by the light of a bright lamp; but he was unable to find familiar places by the unclouded light of the full moon. On one occasion, being overtaken by a clear moonlight night, when but a short distance from home, he was obliged to procure a lantern in order t o find his way thither.

The eyes were perfectly natural in appearance; the pupils obeyed the stimulus of light; there was no pain, nor other symptom to indicate the existence of inflammation or congestion and the general health was as good as usual. Upon consulting numerous authors upon the subject, I found that no special plan of treatment was laid down, the disease being said to often subside spontaneously in the course of a few weeks. Blisters were applied to the temples, and left open for some time; small doses of the Precipitated Carbonate of Iron were administered, and the patient not allowed during the day to expose his eyes to a bright light. Mild laxatives were tried, but in consequence of the bowels being naturally very irritable, their use had to be abandoned.

This plan of treatment was continued for several weeks, without the slightest amelioration of the disease; on the contrary, it appeared to be on the increase. The view now taken of the pathology of the case was, that it depended upon a morbid diminution of the excitability of the retina, or optic centre, or of both; and that this excitability being almost completely exhausted during the day, the feeble light of evening was incapable of arousing it, and, of course, imperfect vision would be the result.

In accordance with this view, and with the well known fact that nux vomica acts as a stimulant to the nervous centres generally, its administration, in the form of the alcholic extract, was commenced. The dose given was one third of a grain,

repeated three times per day. This was continued for more than a week, before it produced any symptoms indicative of its operation upon the system, the disease remaining during this time in statu quo. As soon, however, as it began to produce slight twitchings, and rigidity of the muscles, the disease began to give way. Vision continued perfect until a later hour in the evening, and was more distinct throughout the night. The medicine was continued in diminished doses for a short time, and at length suspended altogether, some effects of its action still continuing, and vision gradually improving, untill in a short time it was as perfect as ever. The medicine was resumed in about two weeks, in consequence of a slight relapse, which was caused by too long exposure of the eyes to bright sunlight; as soon as its constitutional effects were produced, the disease disappeared, and has not since returned.

PROCEEDINGS OF SOCIETIES.

Proceedings of Chester County Medical Society.

A stated meeting of the Chester County Medical Society was held at West Chester, October 31st, 1854. President, Dr. J. B. Brinton in the chair. The delegates to the State Society report that all attended except two.

Dr. Isaac A. Pennypacker tendered his resignation which was accepted. Dr. James A. Levengood, of Waynesburg, and Dr. Caleb H. Swayne, of Londongrove, were proposed for membership.

Drs. David F. Anderson, John Brooke, Benjamin Thompson and Dr. Evans of Wallace, proposed at last stated meeting, were balloted for and duly elected members of the Society.

The amendment to constitution, viz:—Art. 7. Sec. 1.—to read, A stated meeting shall be held quarterly on the Tuesday following the last Monday in the months of January, April, July and October of each year,—proposed by Dr. Ogier at last stated meeting was then taken up and after considerable discussion was adopted by the folowing vote.—Ayes, Drs. Ogier, Worthington, Gaston, Riesser, Price and President.—Noes—Drs. Parish, Edge, and Hartman.

Dr. Ogier read a very interesting and instructive essay upon the use of tobacco for which the thanks of the society were tendered. It was directed to be published in the "Reporter."

The treasurer reported the names of those members more than one year in arrears. He was directed to address to each a circular in compliance with Art. 8th, Sec. 2d of constitution.

On motion it was *Resolved*, That in case of those who have become attached to other County Medical Societies no arrearage be charged subsequent to the date of their union with such society.

Dr. Parish, of the committee on Medical Essays, &c., appointed Dr. A. K. Gaston to prepare an essay for the next stated meeting. He also designated "Dysentery" as the subject for discussion at next stated meeting.

Drs. A. K. Gaston, W. D. Hartman and J. B. Brinton were appointed a committee to procure legal advice in reference to the extent of the liability of the Directors of the Poor, for services rendered by physicians to those unable to afford compensation, and also in regard to the proper method of collecting claims upon the Directors.

Dr. W. H. Worthington offered the following resolutions which were adopted;

Resolved, That the members of this society, in accordance with a resolution of the State Medical Society,—will use their influence in every means practically to extend the benefits of vaccination within their limits, and as a society to exert themselves in rendering "it an imperative duty on those who are charged with the direction or superintendence of schools, public or private, to require before admitting any one as a pupil in said schools, a written certificate from some properly authorized physician, that he or she has undergone successful vaccination."

Resolved, That the committee whose duty it is to make report to the State Society, be also required to append brief notices of such of their members as may have died during the year.

On motion, Dr. Gaston, the corresponding secretary, was directed to extend an invitation to Dr. Spencer of New York, to attend the next stated meeting and lay before the society his views in regard to "the atomic theory of life and vital heat, vegetable and animal, as balanced by the agency of water."

Interesting cases of disease were detailed by Drs. Brinton, Parish, Edge and Hartman.

On motion adjourned.

JACOB PRICE.
Recording Secretary.

EDITORIAL.

TAXATION.—We have often thought the *State tax*, which is levied upon the medical profession in this, as well as some of the other States in the Union, as somewhat oppressive. When we take into account the vast amount of time the physician renders the poor, and even money which he is obliged to expend for the purchase of medicines and other necessaries for the indigent sick, and where there is no hope of remuneration, we do think, that their burthens ought to be lightened as much as possible. There is no other profession which gives half the service to the poor that is rendered by the medical, its members are called upon night and day; in rain and sunshine; in season and out of season, to attend to the calls of charity which these people are constantly making upon them. The compensation of physicians at best, is not equal to that of the legal profession, and their lives are shortened several years in consequence of the severe and almost uninterrupted labors they are called upon to perform.

In Virginia, we understand, the medical professien has resolved to resist this State tax; and while we would neither condemn nor praise their spirited opposition to this measure, we feel free to say, there is much reason in their course, and a mitigation of this burthen in Pennsylvania, as well as Virginia, would be but an act of justice to our profession, and exhibit a laudable spirit of magnanimity in the law-making power. We commend it to their attention.

TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION.—The seventh volume of these excellent publications has made its appearance. It affords us pleasure to ask for it a favorable reception, regarding it fully equal in iterest to any of its predeccssors. We think every practicing physician should provide himself with a copy of these transactions, as they make their appearance. They embrace a valuable amount of practical information in the shape of reports and essays,

from some of the most distinguished men in our profession. They are unquestionably calculated to elevate the character of our medical literature, and give honorable distinction to American physicians.

REPORT ON EPIDEMICS.—We are requested to call the attention of physicians to the importance of immediately reporting the character and extent of the diseases, which have prevailed in their respective neighborhoods during the past year, to Dr. C. W. Parish, at Marshallton, Chester county, who is the Chairman of the Committee on Epidemics. Last year, our Report to the State Society was very meagre on account of physicians neglecting to furnish the necessary materials to the Committee; and we trust that no remissness on their part will allow a similar complaint to be made on any future occasion. Let no one then, lay himself open to censure by omiting to send his report at once to the proper Committee. It is a duty we owe to the profession, and should under no circumstances be neglected.

The Committee, appointed by the Chester County Medical Society, to collect the cases of Cholera Asphyxia in Chester county, during the past year, would respectfully, but earnestly request all practitioners who have met with cases, to report them immediately to the undersigned, in order to enable him to make report at the stated meeting to be held in the latter part of the present month. We sincerely hope this notice will be promptly attended to; and that they will embrace such particulars in relation to symptoms, mode of treatment, &c., as they may deem important in elucidating the character of the disease as it appeared in our midst.

WILMER WORTHINGTON, Chairman.

A stated meeting of the Chester County Medical Society, will be held at West Chester, on Tuesday, the 30th of January, at 11 o'clock. Subject proposed for discussion—Dysentery. Dr. Gaston will read an essay. It is also expected that Dr. Spencer, of New York, will be in attendance and

lay before the society his views in regard to "The Atomic Theory of Life and Vital Heat, as balanced by the agency of Water." Physicians generally are invited to attend.

MEDICAL NEWS.

Treatment of Epilepsy.

Dr. R. B. Todd, in an interesting clinical lecture delivered at King's College Hospital, offered the following valuable pratical observations on the treatment of epilepsy. In reference to the drugs which have been generally employed, he observes: "Most of these have been used in consequence of their exhibiting a certain amount of physiological influence on the nervous system. As to others, it is difficult to trace the circumstances which led to their admission among the *juvantia* in this disease. First in the list I would place those drugs which belong to the narcotic class—opium and its various preparations, belladonna, henbane, conium, camphor. These certainly exercise a very powerful influence in calming the excitable state of the nervous system which accompanies epilepsy. They are applicable chiefly to the more acute cases, and especially when epileptic delirium is threatened or present. You should never administer them except when you have full opportunity of watching your patient or of confiding him to the care of another. This remark, I need hardly add, applies chiefly to belladonna and the preparations of opium.

Belladonna has been greatly extolled by some French writers, far more than it deserves, as far as I can judge from my own experience. It is a remedy which leaves no permanent ill effect, and which I think, is worthy of a more extensive trial in this country than it has yet received. That it exercises a physiological influeuce on the nervous system, no one can doubt, who has administered it for forty-eight hours; but as it induces a state of pupil very much like that which is so common in epilepsy, one might fear that it rather favored the epileptic state. A good series of clinical observations are yet wanting upon the effects of this drug. The preparation chiefly used in France is the powdered leaves of the plant.

Opium is often useful in cases in which the fit is apt to occur in the night or early morning. A full dose given at bedtime will prevent the developement of the fit.

The valerian was used formerly in epilepsy more extensively than now. It is a medicine, however, which should not be des-

pised or discarded. Its use promises most in the complications of hysteria and epilepsy. Its virtue depends upon the presence of an oil or acid which is capable of entering into combination with metallic bases, as zinc and iron, and which also combines with quinia and other alkaloids. You may give it either in scruple doses of the powder two or three times a day, or in infusion, or as an ammoniated tincture, or in combination with quinia, or the metals.

Other nervine remedies may be added to your list, and you should keep them in reserve, to employ as occasion may require, such as musk, castor, assafetida, stramonium, sagapenum, garlic, remembering the moral influence of a change of drug. I cannot say that the evidence of any special power of an anti-epileptic nature in any of these drugs is at all satisfactory.

In this class of drugs you may place the Sumbul, of which a tincture is prepared by Mr. Savory, of Bond Street. One of the earliest cases in which I employed it, seemed to benefit very decidedly by it; and I have since used it many times with unequivocal good, so as to lead me to look upon it as a useful stimulant, and antispasmodic remedy.

Digitalis has been greatly lauded by some. It may act favorably partly by its diuretic properties, and partly by its influence on the heart's action. There is quite sufficient evidence of its utility to warrant its being retained among the list of remedies applicable to this disease, and to justify its occasional cautious use.

The cotyledon-umbilicus may rank with digitalis as a remedy for epilepsy. I cannot say that I have met with a case distinctly benefitted by its use; but the cases published by Mr. Salter, and those recorded by the late Dr. Graves, indicate that it possesses a certain anti-epileptic power. I incline to think it acts by a diuretic influence.

There are other drugs obtained from the vegetable kingdom, which, I think, deserve a trial in epilepsy. One of these is the Achillea millefolium, which, in the form of a decoction, exerts a very decided diuretic influence. On the same principle, taraxacum may do good in certain cases, as in those in which the epilepsy has relation to gout in the system.

The alkaline salts, especially in the bicarbonate and the nitrate of potass, appear to me often to be very useful on a similar principle, namely, by increasing the activity of the kidneys.

The cardamine pratensis was greatly extolled by Sir George Baker. Turpentine has been used chiefly from its anthelmin-

tic properties. It is a remedy that should be used very carefully, and never, if there be suspicion of the organic disease of the brain.

The *selinum palustre*, or *peucedanum montanum*, is highly commended by Herpin, on, as I think, insufficient grounds. The plant is very difficult to procure, and I have not yet been able to try it.

The various metallic tonics have been and are extensively used in epilepsy. Of these, the safest is zinc, the sulphate, or the oxide. Either of these preparations may be given without any disadvantage that I know of, for a considerable time, and in large doses. Some time ago I gave to a patient in this hospital as much as half a drachm of sulphate of zinc, thrice a day, without any sensible effect. The dose had reached that amount by gradual increase. Whether these drugs exercise any special favorable influence, I am unable to say, all I know is, that, under their long-continued use, patients sometimes cease to be troubled with fits.

The various salts of iron are also applicable to the treatment of this disease, and especially to cases in which the blood is poor in hæmatin. But they are not so harmless as the salts of zinc. Their tendency in some persons to excite headache, precludes their use with them; as they often disturb digestion, and on this account cannot be persevered with.—The saccharine carbonate, the sulphate, the citrate, and the tincture of the sesquichloride, as well as Griffith's mixture, are the preparations of Iron which you will find most suitable to the generality of cases.

Salts of copper and of silver are also used for epilepsy, with, I think, at best, but very doubtful efficacy. To the cautious use of the ammonio-sulphate of copper, I see no material objection; in too large doses it may irritate the gastro-intestinal mucous membrane, but such irritation is easily removed.

There is, however, a much more serious objection to the use of the salts of silver. The nitrate and the oxide are the salts employed. Now, there is no doubt that the nitrate discolors the skin. We see repeated examples of this in the streets; scarcely a day passes that I do not recognize persons in the streets, as epileptics, who had been treated with nitrate of silver. If the nitrate of silver were a certain, or even a very frequent cure for this formidable disease, well and good; but seeing that it is very far from being entitled to the credit of being such a remedy, I say, that we have no right to make blackamoors of our patients, and to stgmatize them forever

as epileptics; and too often as *epileptics uncured*, on the mere chance of doing good by nitrate of silver. No doubt few would hesitate long between choosing a discolored skin, and being the subject of a disease so fearful as epilepsy. But it seems to me, that the remedy ought to be a specific, to justify the practitioner in administering it, with the strong probability there is of producing such an effect. Remember, too, that the nitrate of silver stain communicated in this way, is probably indelible, and that by an experienced eye, it is not to be mistaken. I have seen it after ten or fifteen years from the administration of the drug.

Finding, then, no special virtue in the nitrate of silver as against epilepsy, and that it is very apt to produce the serious result to which I have referred, with whatever care it may be administered, I have long since abandoned its use; I fear the oxide of silver is not more promising, either as to its influence on the disease, or its freedom from the discolouring power.

Indigo has likewise been given in epilepsy, but with no other result, as far as I can learn, than what Penil observed, that it turned the nails of his patients blue.

The time has, I think, now arrived, when we must look in another direction for an anti-epileptic remedy. We must turn our attention more particularly to those substances which are capable of being exhibited by inhalation, of being brought to bear upon the nervous system, without being subjected to the action of the gastric fluid.

Ether and chloroform, it is now well known, are capable of being taken into the blood in this way. Some years ago, I tried experiments as to their power of controlling the convulsions induced by strychnine, and with the result of finding that they possessed that power very completely. As long as an animal is fully under the influence of ether or chloroform, no convulsion can be produced. I was thus led to try their inhalation in epilepsy. I have chiefly employed for this purpose chloroform; because it is less disagreeable to patients to take.

The results of my observations, so far, are these—that in the more acute forms of epilepsy, the inhalation of chloroform has considerable influence in controlling and modifying the attacks; it has also a very decided power over epileptic delirium; and over some of the concomitants of epilepsy, as the violent convulsive jerks of the muscles of both upper and lower extremities, which are always most distressing, and often very dangerous. It has a marked and immediate power over puerperal convulsions; and I am glad to see that my friend, Professor Simpson, of Edinburgh, sanctions, by his high au-

thority, its use in such cases. It is also applicable, and with advantage, to the convulsions of infants, and to laryngismus stridulus.

There is no use in employing chloroform in epilepsy unattended by other symptoms, when the attacks are at uncertain times and at long intervals; nor do I advise you to attempt its use, unless the patient is fully under your control, or will heartily co-operate with you. And in cases where the heart is affected, either functionally or organically, it should never be used. Its inhalation at two or three stated times of the day, exercises a very calming effect upon the nervous system, diminishing its excitability very materially. But this must be carried on over a long period of time—many months,and even years; and the dose may vary from twenty to sixty minims, according to the effect produced, and you should aim at obtaining a gradual, not a rapid effect. The patient should always remain in a horizontal posture during the inhalation, and for at least half an hour after it.

You will expect me to say something on a proposal made within the last few years to open the trachea of patients suffering under severe epilepsy, with the twofold object of preventing the fits, or of obviating their effect in creating undue distension of the cerebral bloodvessels, if they should occur.

Before a proposition of this kind can meet with general favor from pratical men, it must be satisfactorily proved, that the hypothesis, or theory, if you will, from which the proposal eminates, is essentially sound; and next, it must be shown that the operation is in itself one that is not seriously dangerous to life; and lastly, it ought to be in the highest degree probable that the attacks will not recur after the operation has been performed. It is, as you know, contrary to all principles of sound surgery to perform an operation, unless it be for the complete removal of the disease, or, at worst, to stave off the reappearance of the malady to the latest period.

The hypothesis from which this proposal emanates, assumes that the exciting cause of all the evil in severe epileptic paroxysms, is the contractions of the muscles of the neck and glottis, which induces and maintains a congested state of brain, which, in its turn, excites and keeps up the convulsions. I have elsewhere examined this congestion theory in detail, and I am not aware that the arguments which I then advanced against it have ever been fairly met. I have also shown, by experiment, that epileptic convulsions may be excited in dogs which had been freely tracheotomized previously, full provision having been made for the free ingress and egress of the

air; and also in a dog in which the muscles of the glottis were paralyzed by section of the recurrent nerve. These experiments, the advocates of tracheotomy in epilepsy have found it convenient to ignore.

Again, I would ask, is tracheotomy either a very simple or a very safe operation? I do not think that the results of the operation either for other diseases, or for epilepsy, are very satisfactory. Patients often die from the effects of the operation; exhaustion, erysipelas, diffuse inflamation of the areolar tissue spreading into the mediastinum.

And, lastly, what are the prospects that, the operation having been done, the evil will not recur? This can only be ascertained by that which I cannot recommend, frequent experiments. I would only make this remark; that those who have the courage to try these experiments, and feel themselves justified in so doing, must carefully watch the results, and endeavor to draw a proper distinction between the actual physical effects of the operation, and that mental influence which, as I have shown you in a former part of this lecture, undoubtedly tends to stay the disease, when any new treatment is adopted, or any considerable change takes place in the patient's position and circumstances.

But, gentlemen, let us look on, and watch the result of these operations in the hands of others. No one will be more ready to acknowledge himself in the wrong than I shall be, should it turn out that, in this proposal an important remedy has been found for a most terrible malady.

In conclusion, I have to express my fears that I have drawn but a sorry picture of the power of our art to deal with this formidable disease. But let not this discourage you; and do not fall into the notion, nor countenance it in any way, that epilepsy is an incurable malady, and that epileptic patients may as well be abandoned to their fate. There is no doubt that some may be completely cured, many very greatly alleviated, and that all should, as far as possible, be the objects of medical scrutiny and care, with at least the object of finding out more and more of the natural history of the malady, and of the *juvantia* as well as the *lædentia;* and with a hope that, at some time or other, a remedy may be vouchsafed to us, or at least that we may gain some insight into the intrinsic nature of this formidable scourge of mankind.—*Med. Times and Gaz.* Aug. 12, 1854.

Creosote Injections in Leucorrhœa.—M. Arendt, a German Physician, states that he has generally been able to cure ordi-

nary cases of leucorrhœa in three or four days by weak injections of creosote. He uses two drops to the ounce of water, repeating twice or thrice a day. Some mucilage, we think, ought to be added, to make this a proper mixture.—*Nashville Journal of Medicine and Surgery.*

Adulterated Drugs.—The Secretary of the Treasury of the United States is causing a circular to be prepared, to be sent to the collectors at the different ports, with the design of preventing the importation of spurious or adulterated drugs. There is no doubt that the Secretary has been influenced in this matter by the action of the American Pharmaceutical Association, whose members have, as a body, labored zealously for the accomplishment of this object. The next step to be pursued by the State or District Pharmaceutical Associations, is to get laws enacted, which will prevent evil-disposed persons from falsifying drugs and chemicals in this country. The drug inspection law which was passed by Congress, has certainly been of some service, inasmuch as we have been able by its means to ascertain to a certain extent, what kind of drugs are most frequently vitiated. It was not supposed, by the friends and projectors of this measure, that imported drugs, after having passed the inspection as pure, or nearly so, would be largely adulterated by unprincipled dealers in this country, thereby increasing the evil which it was designed to remedy. The enactment of laws by the several States to prevent this, and their rigid enforcement, is the only remedy, and we hope it will be tried at once.—*Boston Med. and Surgical Journal.*

Dropping of Fluids from Vials; a Good Method.—Dr. Coale, mentioned before the *Boston Society for Medical Improvement*, that he had found a very simple and ready means of remedying the frequent difficulty of dropping fluids from a vial. Unless the lip projects very much, the fluid is apt to run back on the neck, and remain attached until several drops have accumulated. Greasing the neck of the vial (not the lip) will prevent this, and give a clean, uniform drop.—*American Journal of the Medical Sciences.*

Collodion in Orchitis.—Prof. Costes relates three cases of this disease, where rubbing over the scrotum with a mixture of twenty parts collodion and six of castor oil was followed by disappearance of both swelling and pain, and by rapid and complete cure.—*Jour. de Bord., March*, 1854.

Substitute for Dover's Powder.—Dr. Tully, formerly Professor of Materia Medica and Therapeutics in the Medical Department of Yale College, some years ago, introduced an anodyne diaphoretic powder, designed as a substitute for the compound powder of Ipecacuanha, which is prepared as follows:

℞. Morphiæ Sulphatis, grs. ij,
Pulveris Glycyrrhizæ,
Cretæ præparatæ,
Gum Camphoræ, āā, ℈ij
Misce.

This compound is almost exclusively employed by the disciples of Dr. Tully, and by many other physicians in Connecticut and Massachusetts, in all cases in which Dover's powder is commonly employed. It is supposed to be more palatable and less apt to excite vomiting than the remedy for which it was substituted, while its efficacy is the same. The usual dose of this powder is ten grains, containing the sixth of a grain of Sulphate of Morphia.—*Vir. Med. and Surg. Jour.*

Removing the Placenta.—In the Peninsular Journal, Dr. Schneeder suggests that the removal of the placenta may be greatly facilitated, and its attachment to the uterus at the same time broken up, as well as spasm and hour glass contraction overcome, by gently twisting it before the application of extractive force. Seizing it sufficiently high up with a pair of forceps to get a secure hold, it may be twisted round and round, causing dilitation of the os uteri, and lessening the danger of its coming away piecemeal. In a case of abortion at the fourth month, the placenta was retained with excessive flooding. The funis having been torn off, and pieces of the placenta removed by the midwife, it became very difficult to get a firm hold; but having succeeded in this, the remaining portion was readily removed by this twisting process.

Prescription for Hooping Cough.—The following combination of *old* and *tried remedies* has been found serviceable in relieving the distressing paroxysms attendant upon hooping-cough in children:—℞. Pulv. coccus cacti, ℈ij.; Pulv. carb: potassæ, ʒj.; Moschus, gr., viij.; Syrupi crocus sativus, Syrupi bals. tolu, Muc. gum acacia, aa ʒXss. Misce. Half a teaspoonful for a child two years old, four or five times a day.—*Boston Med. and Surgical Journal.*

In the Nashville Journal of Medicine and Surgery, Dr. Washington asserts that dry cupping, applied to the lowest part of the sacrum, produces dilatation of the os uteri, and applied higher up, contraction of the uterus. In a case where the pains had continued fourteen hours, without producing any perceptible effect, in consequence of rigidity of the os uteri, Dr. Washington applied a dry cup as low down on the sacrum as possible, so as to cover the origin of the nerves to the os uteri. Complete relaxation ensued; at the next pain the head descended to the outlet, and with the second pain the patient was safely delivered, and that in less than ten minutes from the application of the cups.

Prurigo Formicans of the Vulva and Anus.—M. RICHARD recommends (*Revue de Therapeutique Medico chirurgicale*) the following preparation as extremely useful in the cure of prurigo formicans and various kinds of eruption: Take of sulphate of zinc and sulphate of alumine equal parts; reduce these salts to a coarse powder, and put them upon an earthen dish coated with oxide of lead; place the dish on a gentle fire, and leave it until the mixture no longer emits air-bubbles and is turned into a stony consistence. Take the dish from the fire, pound the petrous substance into a fine powder, and throw about half an ounce of it, in divided parts, at about a minutes interval, (to avoid too powerful an effervescence), into a quart of boiling water; then filter through paper, and keep the lotion for use. Every morning apply some of this solution with a fine sponge on the affected part, then, if it be the anal orifice which is suffering from prurigo, soak a piece of linen folded square (a little better than an inch to each side,) and introduce one of the angles into the orifice. The mode of dressing is the same for the Vulva. This lotion is also extremely useful for various kinds of eruption, but in the latter cases internal medicines should also be taken; these should principally consist of alkalies, bitters and purgatives.

Alum as an Emetic—Besides the great use of alum as an emetic for croup, it has been found in one case more efficient in poisoning by opium than sulphate of zinc. The patient had swallowed an ounce of powdered opium. Thirty grains of sulphate of zinc were given him without effect. Dr. Meigs being called in, gave him of powdered alum, half an ounce, which, with three tumblers of warm water, caused copious vomiting. After a short period, this treatment was repeated with like effect, and the patient recovered.—*Memphis Med. Rec.*

Cannabis Indica.—Drs. Gaillard and De Saussure, of Charleston, report favorably of the action of this remedy in trismus nascentium. It has also been used successfully in delirium tremens, nervous headache, insanity, and indeed in the whole train of nervous affections; and there is reason to believe, that it will be found useful in febrile diseases, and pneumonia, relieving pain with scarcely less certainty than opium, without producing the bad effects of this medicine upon the glandular organs.—*Memphis Medical Recorder.*

BIOGRAPHICAL DEPARTMENT.

Biographical notice of Dr. B. Vanleer, of Delaware Co., Pa., reported to the Delaware County Medical Society, by C. J. Morton, M. D.

Dr. Bernhardus Von Leer, the centenarian, was the son of the Honorable John George and Mary Von Löhr, who were the original ancestors of the Vanleer family in Pennsylvania, and who emigrated to this country, from Germany, about the year 1697, with their family. This was under the provincial government, and three years after William Penn was reinstated in the administration of his province.

Dr. Von Leer was born about the year 1686, in or near Isenberg, in the electorate of Hesse, Germany, and emigrated with his parents to this country, when but eleven years of age. The change of orthography which the family name has undergone, illustrates the transforming and assimilating power of the new world over all foreign elements introduced into it. The original family name, the Rev. Dr. Dale informs me, (to whom I am indebted for a translation of his German manuscripts) was "von Löhr," which first became anglicised by abandoning its German costume in writing, for an English dress conforming to its pronunciation, and then by converting the first letter of the prefix into a capital, the name became Von Leer; but as this left the name only imperfectly Americanized, a farther gradual change was made by converting the *o* into *a*, and abandoning the use of the second capital, thus giving the present form of the family name—Vanleer—as a single word of two sylables, instead of two words of one sylable each. The Vanleer family settled, soon after their arrival in this country, in Marple township, Delaware county, on the farm now owned by Felix Velotte. Subsequently they purchased the farm now in the possession of the heirs of Garrett Williamson. Bernhardus remained a few years with his father assisting him in his farming, and then returned to Germany

for the purpose of prosecuting his studies. To go from this country to Europe for an academical, collegiate or professional education, is a rare occurrence at the present day. Every educational facility now abounds among ourselves. Those who after completing their professional studies in this country now go to the schools of Europe, do so more as a matter of accomplishment than of necessity. It was not so, however, at the beginning of the last century. Then the elementary academy was of rare occurence, and the college and university almost unknown; and the school for the study of theology, law and medicine without existence. It was by the force of these circumstances, that young Von Leer was driven across the ocean a second time to seek among the schools and universities of his native land, that mental culture, which the forests of the new world could not then afford. Germany at that time, as well as at the present, was renowned for her universities, and their halls were crowded with students beyond her own borders.

The contrast in this respect between the western wilderness and their native Hesse, must have been deeply felt by the Vanleer family, and naturally led them to send their son back to enjoy privileges, which could not otherwise be enjoyed. That young Von Leer availed himself with ardor and success of the opportunity thus afforded for mental improvement, is abundantly manifest, from the volumes which he has left behind him, both manuscript and printed, in the Latin, French and German, as well as English languages.

Under these favorable circumstances, he appears to have prosecuted his professional as well as classical studies through the protracted period of seven years.

At the close of this period, he returned to his adopted country, and to his family, and entered upon the practice of his profession as a physician.

Shortly after entering upon his professional life, he was united in marriage with Mary Branson, the daughter of a wealthy merchant of that name, residing in Philadelphia.

The issue by this marriage was five children, of whom two sons, Branson and Benjamin, became physicians. The former settled in East Nantmeal township, Chester county, Pa., the latter in Haddonfield, New Jersey. Being unfortunate in losing his first wife, he subsequently married Christianna Folks of New Jersey, who came over to this country with him, and by whom he had nine children.

The practice of Dr. Von Leer was conducted principally in his office. This was owing, perhaps, in part to the almost

insuperable difficulties, which then existed, to passing from one part of the country to another. Roads, except between some main points, there were none. Most of the passage ways, were but the worn pathways of the Indians, whose tranquility was seldom disturbed, except by the rustling of the leaves by the deer, in fleeing from the yell of the savage; or the track of the hunter, or scarce less rude outlet, which the lonely settler had made from his forest home. Streams were to be forded, forests threaded, and the location of the farmers clearing guessed at. All these difficulties were enhanced by the sparseness of the population, rendering the distance to be traversed from settlement to settlement, and from one log house to another, both absolutely and comparitively great.

The limited number of physicians then existing, is another element to be considered. Each one would necessarily have a wide territorial range of practice. This was eminently true with regard to the extent of practice of Dr. Von Leer. Its limits were scarcely less than those of the county itself.

To meet all the demands which would be made on a medical practitioner under such circumstances, by personal visitations would be beyond the powers of human endurance. But these, probably, were not the only reasons which prompted Dr. Von Leer to adopt so exclusively, an office practice. He seems to have adopted some peculiar views as to the diagnosis of disease; and relying for this purpose in an eminent, if not too exclusive degree, upon some of the secretions, he seems to have believed that a visit to the bedside might ordinarily be dispensed with. But the duties of a medical man, can never be performed in their fullest extent in the office. The mechanic may meet all legitimate claims upon him in his shop, in the midst of his tools; or the lawyer in his office, surrounded by his books of principles and precedents; but the physician as he must qualfy himself for his duties at the bedside of the diseased, so must he discharge his responsibilities by personal visitation and searching inquiries made in the sick room. That Dr. Von Leer would question this clear principle, his well known abilities and thorough education will not allow us to believe; and we may readily grant, that in all cases of disease which allow the patient to visit his physician, a course of treatment may be prescribed none the less efficacious to the patient, because eminently comfortable to his adviser, being proclaimed excathedra from the office chair.

The epoch at which Dr. Von Leer entered upon his vocation, the old and absurd doctrines of medicine had not been explod-

ed. Drs. Cullen and Darwin, the founders of the regular and scientific system of medicine, were unknown to the medical world. Dr. Von Leer, was evidently a disciple of Dr. Stahl, whose system was then and for a long time after, the prevailing one in Germany. Trusting almost entirely to the *vis Medicatrix Naturæ*, and proposed the art of curing by expectation, using for the most part, inert and frivolous remedies, and zealously opposing the more efficacious.

As the theory of Dr. Von Leer respecting diseased action differed from the prevailing views of the present day, so we would expect his course of practice to exhibit results correspondingly different. This is a fact. Some of the most powerful remedial agents known to the Materia Medica were discarded from his practice; among these were opium and calomel. The powerful sway exercised by these agencies, over the human system, demand that they should be employed only in the hands of the wise and experienced. Like all other elements of great power directed by the ignorant or reckless, disease not health, death not life, may be the issue. But the reasoning which would, on this account, strike opium and calomel from the Materia Medica, would drive steam from our world and the electric fluid from the skies.

The giant power of steam, checked by science and guided by wisdom and skill, may bless our race incalculably, but in the hands of empiricism, it will strew our rivers with shattered vessels, and our railroads with dying bodies. The thunder and the lightning are the vitalizing elements in the constitution of our world, yet wantonly sported with, destruction is as swift as the lightning and sure as the thunderbolt. As the lightning and its thunder have their wise offices to fulfil under the guidance of omniscience, offices which could hardly be substituted by the sunbeam, which falls and leaves no mark; or the dew drop, which gathers and utters no voice; so the soothing energies of the opiate, cannot be mated with rose water, nor the subtle searchings of calomel with some sugared powder.

The true and safe theory of medicine, as well as of every other department of practical life, regulated by common sense, is to place all the mightiest agencies of nature and art without limitation or reserve, in the hands of wise and skilful men. To trust others with agencies intrinsically harmless, may indirectly, if not directly, work out misery and death.

Venesection, also, to say the least, was not a favorite remedy of Dr. Von Leer. He had but little sympathy with the Sangrado school. From theory or temperament, or both, he

appears to have stood in doubt of the whole system of "heroics" in practice. He applied for his remedial agents, for the most part, to the vegetable world. He used many of our indigenous plants, but the most of his herbs were procured from abroad.

What was the comparitive success of Dr. Von Leer's practice, we cannot say, for want of adequate information; we do know, however, that some of his original prescriptions were subsequently used with great celebrity in the practice of others, and, however much we might suppose that peculiar views would militate against the highest success, when we remember the circumstances of Dr. Von Leer's practice, the industry, frugality and temperance, almost necessarily prevalent in so new and remote a settlement, we will perhaps conclude that his theoretical views would have less to test their correctness, than would have been the case in another social condition.

His reputation has come down to us as a practitioner whose skill was tested widely and long, and as enjoying in an eminent degree the confidence of those who resorted to him.

There was one feature in Dr. Von Leer's practice in reference to himself, that may be worthy of special mention. He was through life a striking example of temperance, not only in reference to the use of vinous and spirituous liquors, but also, in diet generally. He abstained entirely from the use of all intoxicating liquors, and but seldom ate salted meats. He used also but rarely any condiments in his food.

Of whatever theory this practice may have been the offspring, doubtless it produced a happy influence on the physical constitution of him that adopted it. In whatever respects medical men may have differed in their theories, they have with unanimity ever declared, that dietetic excesses are most prolific of disease to the human system. Those who would not endorse all the theories of Broussais would still subscribe his declaration, "by the repeated use of alcohol, heating wines, &c., an inflamatory modification in the capillaries of the mucus membrane of the stomach may be kept up, which will ultimately degenerate into Phlogosis. And however much Von Leer may have differed from Cheyne of Dublin, as to the medical uses of opium and calomel, he would have heartily accorded with the sentiment "should ten young men begin at the age of twenty-one to use but one glass of two ounces a day of strong drink, and never increase the quantity, nine of the ten would shorten their life more than ten years;" and as indirect proof, at least, the veteran water drinker would smilingly point to the bi-centenary period on which he had entered.

The sagacious Bacon, who brought his theories to the Procrustean bed of facts, declared that "of all things known to mortals, wine is the most powerful and effectual for exciting and inflaming the passions of all kinds, being indeed a common fuel for them all."

A man, therefore, who lives in the use of stimulents, must necessarily, be a fast liver. Dr. Von Leer eschewed all such 'fuel,' and without saying therefore, yet surely as one element conducing thereto, he lived through more than three generations.

To this moderation may doubtless be attributed, not only his great longevity, but also, his exemption from the ordinary defects both of hearing and seeing; the latter sense being extremely good to near the termination of his life, as he could read small print, without spectacles, in his hundreth year.

Towards the close of his life, he refused going from his office to see patients; but remained at home, giving advice to those who were able to call upon him. He devoted his time in attending to his farm, which was large, and the labor upon which was performed exclusively by slaves, towards who m he manifested much kindness and humanity.

Dr. Von Leer in person was tall, upright, and rather spare of flesh, hair and complexion dark, with a countenance expressive of energy and intelligence.

Mrs. Lindsay, his only surviving child, informs me, he was from childhood endowed with great physical vigor; that her father in his hundredth year, rode with her on horseback, when she was eleven years of age, to his farm in Chester county valley, a distance of thirty miles in one day, and returned on the following day, and did not complain of fatigue.

This vigor of constitution he retained up to his 102nd year. During the summer of this year, a man came to his house soliciting food, which was kndly granted, and after partaking of his kind and generous hospitality, he left, and returned in about two weeks with two others; they forcibly entered his house, cruelly maltreated him as well as his son and aged wife, in order to cause them to disclose where he kept his hidden treasure. This he corageously refusing to do, they left him covered with wounds and insensible, from which, he never fully recovered, and was never able to arise from his bed without assistance during the remainder of his life. From these injuries and old age, he retired to everlasting sleep on the morning of January 26th, 1790, having attained the patriarchal age of 104 years. His remains repose in the Middletown Cemetery.

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PROCEEDINGS OF SOCIETIES.

Proceedings of the Chester County Medical Society.

At the Stated Meeting, held at West Chester, January 30, 1855, a telegraphic dispatch was rec'd from Dr. Spenser, explaining his absence from the meeting. On motion the Cor. Secretary was directed to invite him to address the Society at its April meeting. Dr. A. K. Gaston, in compliance with appointment read an interesting and able essay upon Typhoid Fever, for which on motion of Dr. Worthington the thanks of the society were tendered, and a copy requested for publication in the "Reporter."

The committee on Cholera submitted a report, which was on motion accepted. (The report will be found in this number.)

Drs. Isaac Z. Coffman, Wm. S. Latta, J. Howard Taylor and G. Chamberlain, were proposed for membership.

Drs. Caleb Swayne and James A. Levengood were balloted for and duly elected members of the society. Dr. Swayne paid the initiation fee and signed the constitution.

On motion of Dr. Parish, the title of the "Committee upon Epidemics" was changed to "The Sanitary Committee.

Dr. Wm. H. Worthington moved the following, which were adopted:

Whereas, of the general advance in price of all the necessaries of life, the members of this society are *Resolved*, That it is expedient to revise the Fee Bill.

Resolved, That a committee of three be appointed for this purpose, whose duty it shall be to make report of such modifications as they may deem best, to this society at its next meeting in April. Drs. Wm. H. Worthington, W. Worthington and S. A. Ogier were appointed the committee.

Dr. Wm. H. Worthington moved the following—the consideration of which was postponed to the next meeting of the society.

Whereas, there being many abuses connected with the popular credit system, as it prevails at the present day, whereby physicians are often defrauded of their just dues, the members of this society are

Resolved, That after the first day of April, 1855, the Physicians—members of this society will consider their bills due at the termination of each individual case of sickness, and will present them at that time or within one month.

Typoid Fever was appointed as the subject for discussion at the next stated meeting.

Dr. Edge was appointed to prepare an essay, to be read at the next stated meeting of the society.

Drs. W. Worthington, A. K. Gaston, S. A. Ogier, Isaac Thomas and C. E. Coates were elected delegates to the next meeting of the American Medical Association. They are authorized to fill any vacancies that may occur.

JACOB PRICE, Rec. Secretary.

Report *on the* Cholera *of* 1854, *made to the Chester County Medical Society.*

The committee appointed by the Chester County Medical Society to report upon the subject of Cholera Asphyxia, embracing the number of cases occurring in the county during the year 1854, would respectfully Report,

That they gave notice to the members of the society at its last stated meeting; and also, to the profession generally, through the columns of the last number of the *Medical Reporter*, to make immediate return of their cases to the chairman, with a view to enable him to make report at the present meeting. To these invitations we have received written answers from Drs. Isaac Thomas, J. P. Edge, Jos. P. Chandler,

W. H. Worthington, Wm. D. Hartman, Jacob Pennypacker, S. A. Ogier and Jacob Price.

We deeply regret, that so much indifference seems to prevail among medical men to the importance which justly attaches to these calls upon them for information, which, if fully rendered would greatly add to the professional reputation of our county, and give additional security to our citizens.—How interesting as well as valuable, it would be, to be able to point with accuracy to every locality where this universal epidemic is found, and exhibit the number and virulence of the cases, which have occurred in each.

We present the following brief statement of the cases, which have come to our knowledge, imperfect as it is, under a desire to discharge the duty imposed upon us, and a belief that it will not prove entirely devoid of interest to our profession.

Dr. Isaac Thomas of West Chester, reports three cases of Cholera Asphyxia. A woman about 50 years, a man 63 years, and a lad 18 or 19 years of age. All occurred in East Bradford township. One of them on the Brandywine—the other two, on a small stream which empties into that creek. They were all in the same neighborhood. The man died, the others recovered. His death was caused by congestion of the brain, and took place on the 30th of July, five days after the Doctor first saw him.

In the treatment of these cases, the Doctor remarks, "in all of them I administered Blue Mass and Opium; and a mixture composed of Chloroform, Spts. Ammon. Aromat., Spts. Camphor, and Tr. Opii. Mustard was freely applied to the surface, and the body and limbs wrapped in flannel, with warm bricks applied to the same."

Dr. Joseph P. Chandler reports two cases in this county under his care—both men. The first was 54 years of age, and occurred in Pennsbury township. He was taken on the first, and died on the third of August. The other, was 73 years of age, and resided in Kennett township. He was attacked on the 24th of October, and died on the next day.

Dr. J. P. Edge, whose residence is Downingtown, has furnished an account of 15 cases as occurring in that neighborhood. And he remarks, that "some other instances of the disease occurred in the neighborhood under the care of Drs. Sharpless and Leech. Dr. Chamberlain of Guthrieville, saw two cases, which he promised me he would send an account of."

The first case reported by Dr. Edge, occurred on the 14th of July; and the last, on the 21st of September. Of the 15 cases, which took place under the care of Dr. Edge, 10 were

males, and 5 were females; 9 whites, and 6 colored; 6 died, and 9 recovered. The Doctor remarks, that two cases in one house, died who were subjected to Homœpathic treatment.—He further says, "by the way, the vaunted virtues of this system in the treatment of Cholera were not realized around me. No one, so far as I can learn, having recovered who was treated after that fashion."

Dr. Edge's treatment consisted in giving the following prescription, modified according to circumstances. ℞. Opium, gr. $\frac{1}{6}$, Hydrarg. Chlor. M. gr. $\frac{1}{10}$, Sacch. Saturni gr. ss. in pill, one to be given every 15 minutes. Sometimes a little Brandy and water with Aromatic Spts. of Ammonia. Externally, warmth, and frictions with a saturated solution of Gum Camphor in chloroform, or Brandy and Cayenne pepper.

The Doctor remarks in conclusion, "the foregoing were the most important of the cases of Cholera that I saw, and which passed into the second stage; others of a lighter character were met with, and a number of persons were affected with *Cholerine*, which was very easily checked by teaspoonful doses of Paregoric Elixir, or pills of Opium and Sugar of lead."

"All the attention of the sufferers seemed to be absorbed in their suffering, causing an apparent indifference to the result of the attack."

"Suppression of urine was also a common condition in the confirmed cases."

"Of twenty patients treated in the second and third stages, six died. These include Nos. 2, 9 and 14 who were in fact in a dying condition when first seen."

It may be proper to remark in connection with this account, that Downingtown is situated on the East Branch of the Brandywine, in the great limestone valley; and it is perhaps a circumstance worthy of notice, that nearly all the cases in the county, which have come to our knowledge during the past year, occurred in the vicinty of that creek, which passes through our county, and is the largest stream within its limits.

It is also, however, a fact not to be overlooked, that the appearance of Cholera at Downingtown, was simultaneous with its occurrence at the Chester County Alms-house, which is situated about five or six miles south of the first named place. It continued for a period of about two weeks after its outbreak at Columbia—some of the last cases being persons who had left that place to avoid the dangers of an attack.

Dr. W. H. Worthington of West Chester, reports two cases of the disease as occurring under his notice. One, a male in the Borough of West Cheste; and the other, a female in East

Bradford township, about two miles north-west from the town. Both cases were accompanied by the usual symptoms, and reached the second stage. Both recovered.

Dr. Wm. D. Hartman reports one case of the disease, a colored woman about 55 years of age who resided in the borough. She was in a state of collapse when he first saw her, and died in about 20 minutes afterwards. She had been laboring under diarrhœa for several days, when on the morning of September 4th, vomiting and purging came on, and died at one o'clock, P. M. of the same day.

Dr. Jacob Pennypacker of Schuylkill township, reports a case of this disease in Charlestown township. It was a gentleman who left Columbia in Lancaster county, when the Cholera broke out in that place with such frightful malignancy on the 8th of September. He left with his wife on the 11th of September, and came to his relatives residing in Charlestown. On the day previous he had been attacked with diarrhœa.—On the 12th he had been seen by Dr. Hamer, and preseribed for with apparent relief. The day following, in the afternoon, he was violently seized, and Dr. Pennypacker saw him in the evening with Dr. Hamer. He was then laboring under all the usual symptoms of Cholera. He died on the 15th, two days after his case had assumed a violent character.

Dr. S. A. Ogier reports three cases under his notice. Two men, one 60 years, the other 52 years, and a woman 45 years of age. The first and last, recovered. The other, who was a man of intemperate habits, died. He had been in Downingtown on the 21st of July attending the funeral of his brother who had died of Cholera, and was laboring under diarrhœa at the time. He was attacked that night, and died the next day at 9 o'clock—medicine making no impression upon him.

Dr. Jacob Price of West Chester, reports one case, a colored woman, 40 years of age, of intemperate habits. She resided in a low and damp part of the borough, in a miserable hovel. She died on the 29th of June.

Dr. J. B. Brinton has verbally communicated to us two cases. One occurred in the Borough of West Chester, the other, in the vicinity of the Brandywine. Both recovered.

A few other cases occurred under the notice of physicians in the county, but we have not sufficient information to report them accurately.

Nearly all the physicians speak of a strong epidemic tendency to affections of the bowels during the summer. Diarrhœa and cholera-morbus, were very common. Both dis-

eases, in some cases, assuming the characteristics of the epidemic. Our own experience accords with this general testimony. And although, no case of cholera-morbus occurred in the practice of the writer, justifying him in calling it a genuine case of Cholera Asphyxia, yet, he saw two or three cases of diarrhœa, accompanied with such symptioms as rendered it probable they ought to be so regarded. There was no vomiting, or cramps, but the excessive discharges of a fluid resembling rennett whey, the cold breath and tongue, the schrivelled surface, and extreme prostration immediately after the attack, all seemed indicative of the nature of the prevailing epidemic. One of these cases, an aged female, died in a short time after the attack;—and the others recovered after a very critical and protracted illness.

The Chester County Poor House, is located in a small valley on the north side of the west branch of the Brandywine in the township of West Bradford. It is elevated a small distance above the surface of the stream; and from its site, there is a gentle and gradual slope to the bed of the creek. The soil is fertile, and well covered with vegetation. The water is good, and the neighborhood comparatively healthy.

Cholera Asphyxia made its appearance in this institution on the 11th of July last, and spread with fearful mortality among its aged and feeble inmates. The public mind became deeply awakened upon the subject; great anxiety was felt by the surrounding community; and the columns of the public newspapers contained various reports in relation to the nature, and terrible fatality of the pestilence.

Upon the occasion of our visit to the institution, during the season of its greatest suffering, we personally solicited from one of the attending physicians, a full account of the disease, who kindly promised to furnish it. Up to this time, no statement has been received from him. We did not stop here, but sought further to obtain reliable information in relation to the particular condition of the buildings and adjacent grounds, at the time the pestilence made its appearance—the sanatary measures taken to prevent the approach, as well as the spread of the disease; but nothing could be elicited to throw any additional light upon the subject, further than we find in the following statement, made by the Directors of the poor, dated Aug. 11th, 1854, and published in the county papers. We insert it, because it is the most authentic account we have been able to obtain, of this desolating and frightful scourge of an institution, which has long been the opprobrium of our county.

STATEMENT.

For the purpose of spreading correct information respecting the recent distressing sickness at the Chester County Alms-house, and to disabuse the public mind of many unfounded reports which have been in circulation respecting it, the Directors of the poor make the following statement and report of its commencement and progress at that institution.

It appears upon investigation, that on the eleventh of last month about 11 o'clock at night, a man by the name of Geo. Walker (very sick) was brought to the institution by William Sugar, from Sugar's bridge, on the Brandywine, accompanied by an order for admission from Albert Way, Esq., and also some medicine from the physician who had been in attendance upon him, with directions for its administration; but with no information in regard to the nature of his disease. The Steward confiding in the belief that, had the disease been of a dangerous nature, the physician would have sent such information, the patient was at once taken into the house along with the general family, was carefully nursed all night by two attendants, and died the next day. Some of the symptoms attending the case, induced the Steward to believe it to be Cholera; but as the physicians of the house did not see him there was no alarm created. On the 14th, the regular day for the visit of the attending physician, he was through the house, and no disease more than usual appeared, and the inmates were apparently healthy.

On the 15th, a man aged 82 years, and an insane woman aged 40 years, died very suddenly. On the 16th, an insane colored man, aged 47 years, died very soon after being discovered to be sick. These deaths, created no particular alarm at the time, as there have been many instances of old and diseased persons dying here very suddenly. No physician was called in, in these cases, as they were in a dying condition before anything was discovered to be the matter. On the 18th, we met in stated meeting at the house. In the early part of that day, Glasco Mercer, aged 103 years, was taken unwell, gradually sunk during the day and died in the evening. Both the attending physicians, Doctors Blakeslee and Swayne, were present and saw him. This being the first of those sudden cases in the house, which was seen by any physician, and some of the usual symptoms of Cholera not being present, having no spasms, cramps, or vomiting, it was not such a clearly marked case of Cholera as to warrant them in pronouncing it so. On the 19th, two children and an in-

sane woman died very suddenly. This became alarming.—In the afternoon of that day, Dr. Carpenter was called to see one of the Steward's family, who had been unwell; and went through the house, but none of the paupers were then sick.—On the morning of the 20th, the same physician was again through the house, but none sick or complaining. Late that night two persons were attacked with distressing symptoms, and Dr. Carpenter was sent for, who upon arriving about daylight, pronounced the disease to be Cholera. Dr. Blakeslee, the attending physician, arriving about 10 o'clock, A. M., and seeing the patients, fully concurred with him in opinion as to the nature of the disease. The evacuations were characteristic of the disease, and accompanied with spasms. The extremities became cold, of a livid or blewish tinge, and very much shrivelled, the eyes glazed, sunken and surrounded by a livid circle, the voice almost inaudible, and the body blewish and cold, when death soon followed. Those who saw the disease had no doubt as to its character, and it is very probable (from the symptoms) that those persons who had died so suddenly, from the admission of Geo. Walker, on the night of the 11th, to the 19th, suffered from Cholera. From the morning of the 21st, of last month, when the disease was first pronounced to be Cholera, until this day at 12 o'clock, 79 cases having well developed symptoms of Cholera have been under medical treatment. Of these 40 have died, 39 recovered.—Three of the Steward's family were also attacked, and all the inmates, with very few exceptions, have had the premonitory symptoms of the disease, which were only arrested by prompt attention night and day. A large number of the aged and debilitated died with a few hours sickness. Amongst the insane the mortality has been particularly great, only four having recovered out of 16 who were attacked.

Many of the inmates having a very limited understanding, it was exceedingly difficult, indeed, almost impossible to make them aware of the consequences of not giving immediate information when first taken sick. Many of them thought when first taken, that they were not much unwell and endeavored to conceal their situation, thus the disease arrived at an advanced stage in them before it was discovered. This was the first great difficulty to contend with, making it necessary that the inmates be constantly watched. Much indiscretion in food and drink was committed by the sick and convalescent.

The hydrants and the diet were under strict regulation, yet with all this precaution, several cases of relapse, and death

took place from this cause. Few can realize the commotion and distress, during the most mortal periods.

A view of the sick, the dying and the dead lying around was enough to shake the stoutest heart. There being but two regular nurses in the house, the most competent of the inmates were set to nursing; fellow feeling in many seemed to have fled, dispair was depicted in their countenances, and influenced their movements, and consequently a great amount of exertion devolved upon those having charge of the house. — Much has been said about the cause of this great mortality. The premises have been kept clean and in as good order as was possible with the existing state of things. The buildings are old and dilapidated, and the floors worn through in many of the rooms, consequently more or less matter has accumulated between the floor and ceiling. This may or may not have had an influence in producing it. The buildings are on an elevation affording very little chance for water to stagnate, as there is an uninterrupted fall to the Brandywine. The out buildings or sink, have not been neglected, but have been attended to according to the regular custom. Soon after the breaking out of the disease, the basement of the white house was cleared of its inmates, cleansed and plentifully strewn with fresh lime and locked up; the yards, ditches, and in fact every place where it was at all likely to do good, fresh lime was scattered in abundance, and the chloride of lime kept in all the rooms and passages of the buildings. The greatest precaution was taken with the beds, bedding, and clothing of the patients, and most of the healthy inmates were sent to the barn and distant out buildings returning to the house only for their meals. For a long time previously to the breaking out of the disease, there had been but little sickness at the house, only 15 having died from the 1st of January to the 11th of July, and these were principally aged persons and infants. As the predisposing cause of Cholera, is widely spread over the country, as is evidenced by its suddenly breaking out in many localities in this, and the neighboring counties, localities like this were so many aged, decrepit and diseased persons are collected, are particularly under its influence, and any exciting cause, such as the admission of George Walker, (supposing his case to have been Cholera) would at once give effect to that predisposing cause and give momentum to the whole mass.— There has been but one death from Cholera since the 3rd instant and that was a case of relapse from imprudence in drinking immoderately of cold water, and there has been no new case since that date. In addition to the deaths above report-

ed from Cholera, there have been several cases of other diseases; four deaths having occurred therefrom amongst the children, three of whom were under three months old. At our stated meeting on the 18th of last month, the number of paupers in the house was 170; of these 48 have since died from all causes, six have been discharged or permitted by the Steward to go away, and several have absconded without leave, making the number now in the house about 100. From the 21st of last month to the time of the subsiding of the disease, the physicians, Drs. Carpenter and Blakeslee, have been constant in their attendance at the house. One or the other being constantly on duty, both day and night and much of the time they were both there, excepting a few hours on the morning of the 27th, when Dr. Carpenter was attacked with disease, and had to leave before Dr. Blakeslee arrived.

To the Steward and Matron as well as the Physicians, we must give great praise for their dilligence, perseverance, and firmness, in attending and administering to the many wants of the sick and dying. The responsible situation in which they were placed, the performance of their duties fearlessly and with alacrity, amidst disease and death, has been highly satisfactory to us and should commend them to the favorable consideration of the public. Respectfully, &c.,

M. B. HICKMAN,
WM. WINDLE,
ENOCH HARLAN,

8th mo. 11th, 1854. *Directors.*

From this statement we learn, that from the 10th to the to the 21st of July, eight persons died from disease supposed to be cholera. From the 21st, inclusive, to the 11th of August, the date of the Directors' statement, forty persons died with the disease, and thirty-nine recovered. If the eight deaths previous to the 21st of July were cases of cholera, of which there is little doubt, the whole number of deaths in the house was forty-eight.

Of the thirty-nine cases of recovery we have no particular account. We are therefore unable to designate the stage of the disease they reached, or what degree of violence they attained.

We should have been pleased to have learned some particulars with regard to the condition of the house prior to the commencement of the disease. We do not find from the statement of the Directors that any extraordinary sanatary measures were employed in view of the cholera prevailing ep-

idemically through the country. But they tell us that "the premises have been kept clean and in as good order as was possible with the existing state of things." "The outbuildings or sink have not been neglected, but have been attended to according to the usual custom." This is all very well, and we have no disposition to indulge a spirit of criticism, but as medical men, anxious to guard against pestilence in every form, we cannot refrain from making a suggestion, which ought in all similar cases, to be at once adopted, when the approach of an epidemic is anticipated. City and Borough authorities, the managers of public institutions, and all others having in any way the control of the condition and comforts of any community or collection of people, should timely institute rigid sanatary means, to prevent the dangers of a threatening epidemic. Whether this was done by the Directors of the Poor of our county, before the terrible visitation of pestilence which nearly depopulated the institution under their care, during the last summer, we are not informed. For the sake of humanity, we hope it was.

We are led to make another suggestion in relation to this subject, which we trust will be practically useful, should pestilence in any form ever again make its appearance in this or any other institution among us, which contains so many individuals, whose safety and comfort require the special attention of those who manage them. We mean the separation of the sick from the well. The immediate removal of the diseased from the crowded and badly ventilated apartments of a building so unsuited for a hospital, to one better adapted to the exigencies of the case. During the months of July and August, a temporary shanty erected in the shade of trees, with sufficient ventilation, would be far preferable, to an old building with decaying materials, and bad air, where the disease had originated, and which could not be thoroughly cleansed and purified, without first removing the inmates, both sick and healthy. This might easily be accomplished; and we hope some active measures will on all future occasions be adopted to arrest the march of a scourge so fearful in character and fatal in results, as that which visited our Poor-House in 1854.

We may be permitted to throw out another remark, which we trust will be received in the same spirit of candor in which it is made, and without incurring the imputation of being censorious. We allude to the mode of cleansing and purifying an establishment, when threatened or assailed by pestilence. The best purifyers we have ever found under such circumstances, are fresh air, water and soap. These should be thor-

oughly applied. Every thing offensive in and around the building, should be removed. Wash well, every part that is accessible. Open wide the doors and windows, and permit as much fresh air as possible to penetrate every portion of the building. Walls, that cannot be washed, should be whitewashed. After these things have been done, chloride of lime, or other articles of a like nature, may be distributed in every chamber and passage as disinfectants; but let it be remembered that cleanliness of the most rigid kind is the great matter at last, and if this is neglected, it will be in vain, to scatter even with a profuse hand, the whole catalogue of disinfecting agents.

In these remarks, we disclaim all intention to censure those who had the management of the institution of which we have been speaking. They may have discharged their duties with the strictest fidelity for anything we know. We are not sufficiently informed upon this subject to make up a correct opinion; and therefore leave the matter without venturing to say a word in praise or condemnation of their acts.

WILMER WORTHINGTON,
Jan. 30, 1855. *Chairman.*

REPORTS OF CASES.

A Case of Death produced by Tumors pressing on the Par-Vagum Nerves. By Wm. H. Worthington, M. D., of West Chester, Pa.

Ellis B——, colored, aged five years, had during the month of December, 1851, labored under a slight catarrh from which he speedily recovered by the use of mild expectorant mixtures. Some months prior to this, his mother had noticed his gradual decline, and having had a child about his age to waste away and die, she became alarmed and apprehended that this one might be laboring under a similar disease, which would also prove fatal; therefore, when the first symptoms of the Catarrhal attack showed themselves, I was sent for, which was under the treatment mentioned above, speedily relieved, and the boy restored to his usual health.

At the time of my attendance, the mother spoke of his condition prior to his being seized with the lung affection, and gave me a full description of his ailments, from which, together with the known habits of the father, I was led to suspect the child, Ellis, might labor under some scrofulous affection;

but whether the lungs themselves were seriously affected, I was much in doubt, and therefore was rather more guarded in my decisions, and expressed opinions of the child's disease and its probable termination.

On Wednesday, the 14th of February, 1851, I was called to see his mother; during my visit I was led to remark the extreme debility and wasted appearance of the boy. But as I heard no complaints in regard to him, and as he was still about, I did not examine him so as to enable me to prescribe anything which would improve his condition.

For several weeks previous, the family had remarked his increased appetite, dullness of hearing, great debility, with a tottering, unsteady gait; restless sleep, sudden and alarming dyspnœa; costiveness of bowels, with extreme pain about the regions of the heart and stomach, indicated by the cramped position in which he was accustomed to throw himself; pain about the top of the Sternum, and a disposition to sleep almost constantiy, but awoke by pain when indulging in it.—Such were his symptoms so far as I was enabled to ascertain them from his mother and friends, after the post-mortem examination.

On the 20th of February nothing unusual was noticed in the child; he eating and walking about as customary, making not more than his usual complaints; in the evening after having eaten a hearty supper, he retired to his cot for rest, but about 8 o'clock the family were considerably alarmed by the child, who seemed to be laboring under greater dyspnœa than usual, they went to him, and found he was in a dying condition, making only a few feeble expirations and inspirations after they surrounded his cot.

On the following day, when passing the house, I was called in to make a post-mortem examination to satisfy the friends as to the cause of his sudden decease. This I consented to do, and having obtained the assistanee of my friend Dr. Jacob Price, we the same evening performed the duty imposed upon us.

After giving as full a description as I was able to at the time, of his disease, and my suppositions to the doctor, we concluded to open first the thoracic cavity. On opening this and getting through the pleural covering of the lungs, we found them covered at the upper and anterior part with an innumerable number of tubercles the size of pins' heads, none of them as yet having advanced to the stage of suppuration; the lower portions of both lungs were healthy; porteriorly we found much congestion, no doubt produced by gravitation

of the blood from position. After some conversation we were led to the conclusion that this could not be the seat of the fatal disease.

The heart was now inspected before displacement; it was then taken from the cavity of the chest, and after examination was pronounced without disease. Just above the arch of the Aorta our attention was attracted to two tumors, one about the size of a walnut without its hull, the other of a good sized hickory nut; both in connection with the remains of the Thymus gland.

The largest of these tumors was seated upon the left side; in its upper portion was a cavity about the size of a pea, containing purulent matter; in all other parts, it, as well as the one upon the right side was hard.

These two tumors were so situated as to press upon the Par-Vagum or Pneumo-gastric nerves, in fact so closely blended with them, that the scalpel had to be used to obtain their freedom; impeding as we judged, the passage of nerve power from the brain to the Heart, Lungs and Stomach, the three great fountains of our existence.

Not yet fully satisfied, and hoping to be able to find some secret disease which had left such evidence behind it as to put to an end all conjectures as to the cause of death, we opened the abdomen; but in this we were foiled. The Stomach, Intestines and Liver, as also were the Kidneys, found to be in a healthy condition.

At the Bas-fond of the bladder we found a tubercle the size of a filbert which had suppurated to a slight extent; in all other respects we found the bladder healthy. In the Spleen, Mesentery, greater and lesser omentum could be seen many tubercles of a small size; those in the spleen were the size of a pea, and its whole substance was made up of them.

Not having implements with us with which to open the cranium, we were compelled to forego the satisfaction of an examination of the brain. But from the fact of the general existence of tubercles in our subject, and from the brain's peculiar susceptibility to take on that species of disease where the strumous diathesis exists, we were prone to believe that it, in this case, had not escaped.

Having in no portion of the system examined, found a disease sufficient to produce such speedy death, although there was a general diseased condition which would have eventually proven fatal, we were naturally led to the conclusion, that the two tumors found in the neck, in such close proximity, and pressing with such force as to impede the passage of nerve

power along the two great nerves which carry to the heart strength and energy sufficient to propel the "*chaire coulante*" through our systems, for our nourishment and support, must have been the cause of the little sufferer's sudden decease.

A Case of Pachulosis. Communicated by GEORGE MARTIN, M. D., of Philadelphia.

Dr. Wilson, in his work upon the Diseases of the Skin, describes one under the above title which he says usually follows certain chronic cutaneous affections, and which appears to consist essentially in hypertrophy of the papilla with a corresponding increase in the amount of Epidermis. It is said to occur most frequently in elderly persons, and with appropriate treatment, to be generally relieved in a short time.

In the fall of 1853 I witnessed an affection which I am unable to class under any other head than the above, though differing in its mode of origin and somewhat in its appearance. It was on the bottom of the foot of a man about 26 years of age, and had then lasted for more than 12 months. It covered both the ball and heel, and extended into the hollow.—The epidermis in some places measured an eighth of an inch in thickness, and was fissured in various directions. He was a single man, a carter by occupation, and enjoyed good health in every other respect. The disease had commenced on the anterior part of the foot, and spread gradually over it, presenting at its outset the same features which characterized it throughout; there was no appearance of papula, vesicles, pustules or inflammation, neither was it atttended by itching or other unpleasant sensations, except pain produced by pressure near the cracks. The treatment that was tried upon it was various, commencing by frequently soaking his foot in a decoction of Wheat Bran, and applying oiled silk to retain the moisture. Then in succession, sometimes in addition to the decoction, and sometimes without it, the following ointments were tried, viz: Simple, Mercurial, Citrine, Iodine and Tar, while internally Iodide of Potassium and Fowlers' Solution were given. These occupied until the following fall, when finding but little relief had been obtained, an attempt was made to blister the surface with Cerate of Cantharides, but failing in this, Tr. of Iodine was applied, which destroyed the cuticle. This was removed by poulticing, and left a healthy surface over nearly the whole extent. The Tr. was again applied to what remained, and the tender skin kept softened

with simple Cerate, and there is now (some two months since) but a slight trace of it visible under two of the toes, and no apparent tendency to return.

2d mo. 1855.

Proceedings of the Delaware County Medical Society.

The aunual meeting of the Delaware County Medical Society was held at the Charter House, Media, February 27th, 1855. President Dr. Robt. K. Smith in the chair.

The report of the Sanitary Committee for 1854, was read and aproved.

Dr. C. J. Morton read the history of a case of Cholera Asphyxia, successfully treated with Pounded Ice, which on motion of Dr. Geo. Smith was directed to be published in the Medical Reporter.

The officers elected for the ensuing year are ; for

President—DR. MANLY EMANUEL.
V. Pres't—Dr. George Smith.
Secretary—*Dr. Chas. J. Morton.*
Treasurer—Dr. Jos. Rowland.

Editing Committee—Drs. C. S. Heysham and C. J. Morton.

Delegates to the American Medical Association, Drs. M. Emanuel and C. J. Morton.

Delegates to the Medical Society of the State of Pennsylvania—Drs. C. J. Morton, C. S. Heysham, R. H. Smith and R. K. Smith. Attest,

C. J. MORTON, *Secretary.*

ORIGINAL COMMUNICATIONS.

Treatment of Fractures of the Lower Jaw.

A case of fracture of the lower jaw that recently came under my care has made me feel keenly the insufficiency of the direction usually given by Surgical writers, for the treatment of fractures of this bone. Indeed from the summary manner in which they are disposed of one would infer that difficulties seldom attend their treatment—that when once adjusted and the bandage with Gibson's Compress or a pastboard cap well applied, the surgeon has little else to do, and in a short time,

two weeks, according to one eminent teacher, the patient will be well.

Where the teeth are present, the usual treatment *may* accomplish all that is desirable; but even in such favorable cases the unequal pressure of the roller, or the action of muscles attached to the bone, essential to the act of deglutition, may produce displacement, or at least so much motion of the fragments, as, materially to retard the cure.

Where, however, the teeth are deficient, as in the case alluded to, the liability of the means usually employed, or indeed any *yielding* support to fulfil the indication of keeping the the fractured parts at rest "*in situ*" will soon become apparent. The unequal pressure of the bandage upward, there being no antagonizing teeth, will be sure to prevent perfect apposition. The lateral pressure too, of the roller, coming upon a broken arch, must produce more or less displacement, bringing the angles of the jaw nearer together than is their normal position. Were the bone perfect, and wanting only the muscular power to keep it up firmly to its place, the roller and compress or flexible cup usually employed, would be all sufficient for the purpose; but where the bone is fractured, and especially where the antagonising teeth are deficient, an *ungielding* support to the entire jaw would seem to me essential to the satisfactory management of the case.

On the 12th of Oct., 1853, I. H., aet. 40, received a blow from the fist of another that caused a fracture of the inferior maxillary bone. He applied to me a few hours after the injury. The fracture was somewhat comminuted, extending from the alveolus between the canine and lateral incisor of the right side, directly across the bone. A second line of fracture extended from about the middle of this, downward and backward to the base of the bone near the groove for the facial artery. A few small pieces of the alveolar process were detached, some of which came away during the treatment of the case.

The parts were brought into place without difficulty; a pasteboard cup, softened and moulded to the jaw, applied with Barton's bandage, and he rode home, a distance of eight miles, without serious inconvenience. The next day I found him suffering considerably—the fracture, however, in place. He complained of a feeling of crepitus whenever he swallowed. He had lost the molar and biscuspid teeth of the fractured side and all the antagonizing ones except the canine.—The upper front teeth also were lost. He usually wore artificial front teeth, but as they did not fit well they were left

out. The bandage being too tight, from the swelling, I re-applied it, substituting a better shaped cup. I left him quite comfortable, and proposed to see him again in two days, directing him, if anything unfavorable should occur in the meantime, to call in the nearest physician, Dr. Seal.

15th. Doing well; swelling beginning to subside; did not disturb the dressings. On the 16th, having several persons to call to see him, he did not strictly observe my injunction of perfect silence. During the evening and night he suffered very much. On the 17th he sent for Dr. Seal. He found the fracture displaced, and readjusted it, but found difficulty in keeping it in place. 18th. Much to my surprise I found my patient suffering acutely, the fracture entirely displaced, the posterior fragment pressed upward and inward, one-fourth of an inch from its normal position. I could easily bring it in place, but in spite of my best care it would become displaced before I had finished applying the bandage. A piece of cork was placed between the jaws, but it caused too much pain and irritation to be borne; besides it was impossible to keep it to its place. I left him in as easy a condition as possible, to return the next morning better prepared for the emergency. My brother, then a dental student, had visited him once with me. I requested his assistance in devising some plan to overcome the difficulties of the case. The importance of providing a solid, unyielding support for the whole jaw was fully impressed upon both our minds. A carved splint would be difficult of construction, and at best unwieldly in its application. Another cup of firmer material and more approved shape was provided, but it failed to accomplish the desired end. At this juncture it occurred to my brother that plaster of Paris was the very article we needed. A plaster cast would make a most accurate splint, and at the same time light and firm. We proceeded at once to carry out the suggestion. The fracture was accurately adjusted and the jaws closed. A large cup similar to those already used, prepared and partly filled with plaster of proper consistency, mixed with *warm water.* This was placed under the chin and pressed very gently up until the jaw was imbedded in the soft plaster. The cup was then filled in front as high as the lip, and well up the sides of the face. In a few minutes it was sufficientiy hard to remove. It was then trimmed to a uniform thickness of about one-fourth of an inch, dried, lined with cotton and firmly applied to the jaw by means of Barton's bandage. The result was quite equal to our best hopes. From this time the case gave me no trouble and the patient comparatively little suffering. The ap-

paratus evidently secured 1st, the comfort of the patient; 2d, more perfect repose of the fracture without allowing injurious pressure on it, and consequently, thirdly, a more speedy and perfect reparation of the injury. Deglutition caused much less pain and crepitus, and to use the patient's own words "it felt more like staying in place than it had done at all." He continued to feel slight crepitus during the efforts of coughing and deglutition up to the 5th of Nov. A little inquiry in reference to this point has led me to infer that even in favorable cases patients continue to detect slight crepitus up to about the 3d or 4th week after the injury.

Mr. H. continued to wear the cast till about the 25th of Nov. On the 1st of Dec. he came to my office to return the cast with grateful acknowledgments for the service it had rendered him. The jaw, then, seemed to be perfectly firm, and without the slightest apparent irregularity.

I have not met with any notice of the plaster cast being employed in the treatment of this fracture, and as it seemed to overcome the difficulties of this case so perfectly, I have thought it worth while to bring it to the notice of the profession. The advantages of this material over those usually employed in making carved splints, are—1st, that it can be perfectly moulded to the jaw without exerting the slightest pressure. 2d, its unyielding character, and last, though not least, the ease and rapidity with which a splint can be manufactured.

It was not required in the present case, but should it be in any instance, there would certainly be no objection to applying a single turn of Barton's bandage to support the jaw before applying the soft plaster.

J. P.

A case of Cholera Asphyxia succesfully treated with pounded Ice. Read before the Delaware County Medical Society, Feb. 27, 1855. By CHAS. J. MORTON, M. D.

The following case of Cholera Asphyxia is furnished, not because there is any thing anomalous in its features, or peculiar or original in its treatment, but mainly for the purpose of evincing a willingness to comply with a resolution, passed by the Society at one of its former meetings, requesting the physicians of the county to report to the Society, the number of cases of epidemic Cholera witnessed by them, with the treatment, result &c. Moreover, "to record our observation,

and experience, and to contribute our mite to the general store of knowledge, by confirming or disproving the statements of others," is a duty we unquestionably owe to our humane profession. Again, it is highly important that the details of individual cases be given, in order to arrive at a successful and rational plan of treating this most terrible malady, which has prevailed to a greater extent, and proved more fatal, during the past season in our county, than during any former one, since the first Choleraic visitation in this country in June, 1832.

In order to render the case more complete, as well as to obviate any doubt as to its true character, we shall introduce it with a history of all the most prominent symptoms which attracted our observation.

Mrs. H. was a healthy, robust and industrious woman, of about 38 years of age; was the mother of six children; and had passed her last accouchment by about two months. From this, however, she had fully recovered, having enjoyed excellent health up to the 25th or 26th of July. When she was now attacked by slight abdominal pains and diarrhœa. She was able to attend to her usual domestic duties until the morning of August 1st, when the symptoms took on a sudden aggravation. Cramps seized the calves of the legs; and abdominal pains became more severe, followed by copious gastro-interic evacuations. I was now called upon to visit her; but being engaged, I was unable to attend before eleven o'clock, which was about three hours after the messenger called.

Upon my arrival, she appeared to be verging upon a state of collapse. She was lying upon her back, with a countenance contracted and ghastly, evincing great anxiety and distress. The pulse was scarcely perceptible at the wrist; the surface cold; and the extremities bluish and corrugated, having the appearance of having been soaked in warm soap suds. She complained loudly of a burning sensation at the epigastrium, and an insatiable thirst, producing a constant desire for water, which was scarcely swallowed, before it was ejceted from the stomach with the greatest energy. The cramps were of the most violent character, and produced the most intense agony; the muscles were drawn up in hard prominences causing great distortion of the extremities. Some of the limbs were contracted, while others were flexed or relaxed. The fingers and toes were drawn in various directions, according to the particular muscles affected. The cramps were almost constant in some part or other of the body, for while some muscles were relaxing other were contracting, causing incessant and excruciat-

ing pains. The bowels were moved involuntary, and like the vomiting, were generally preceded by a violent cramp. The gastro-intestinal evacuations were of a watery consistence, and loaded with epithelial scales, giving the discharges the characteristic riced-water appearance.

The case now presented the most unfavorable aspect, and called for the most speedy relief. I at once administered half a grain of morphia, and twenty drops of wood naptha, in a little water, which was repeated in smaller doses, at frequent intervals during the afternoon. The abdomen and extremities were covered with sinapisms, which in consequence of the enfeebled condition of the capillary circulation seemed to produce no observable effect, until fomentations with flannels dipped in very warm water were laid over them, when they acted speedily. These were alternated with flannels dipped in a mixture, composed of equal parts of a decoction of capsicum and brandy, which induced intense redness and smarting. These means, however, were as yet unattended with the least noticable improvement, there being no perceptible abatement of the cramps or vomiting, whilst the pulse continued thready and at times inperceptible. Her general appearance now began to indicate the near approach of death. Though in this seeming dying condition, it was surprising to see how clear and unaffected were the sensorial and respiratory functions.

"The eye" as Professor Wood truthfully remarks, "seemed to be looking from out of a corpse." Her craving for ice and ice water was still incessant; but when the ice was obtained, her strength seemed too far spent to chew it. It was therefore pounded and given to her by the tea spoon *ad libitum*, after taking it a while, the cramps and vomiting began to lessen in frequency and violence; the countenance became more animated and life-like; and with a grateful look and faint audible tone she remarked, "that is the only thing that has done me any good." She partook of it freely to the amount of a cup full every few minutes. At the same time, an injection of a tea spoon full of turpentine in a pint of water was administered every fifteen or twenty minutes. The cramps and vomiting now gradually ceased; and I left her in a very stupid condition, partly narcotized, about seven o'clock in the evening, having been with her since 11 o'clock, A. M.

I omitted to mention that I advised them to give her frequently during the night cold beef tea, whenever she should be awake. Upon calling the next morning, I found her still better, though she had laid in a stupor nearly the whole night. The countenance was more natural, having lost its ghastly sun-

ken appearance; the pulse stronger and more regular; and the skin warm; the face fuller and cheeks slightly flushed; the cramps, restlessness and throes had entirely disappeared. Ordered a half a grain of opium and one grain of sugar of lead every three hours. She now went on improving from day to day, so that in the course of two weeks, she was able to attend to her domestic duties.

This is but one of numerous examples in which I have seen the beneficial effects of pounded ice and ice water. It has been my practice to exhibit it freely in gastric irritation generally. My chief treatment, for the last three years of Cholera Morbus, has been ice and cold beef tea, given freely, after first washing out the stomach with warm salt water; and seldom have I had occasion to see any other remedies called for, except a little morphia or other opiate preparation.

The favorable result in this case is doubtless to be attributed to the free use of pounded ice. The unappeasable thirst, causing an insatiable desire for this substance, cannot be regarded otherwise, than as the unmistakable language of nature, demanding remedies of this character; so that had her admonitions not been heeded and the ice and ice water withheld, the issue might, and probably would have been very different, though the morphia, naptha, and external applications were no doubt important adjuvants.

It seems evident to me that the first indication in the treatment of Cholera Asphyxia is to arrest the gastric and alvine evacuations (when they have been sufficiently free) and to assist the system to maintain its stricken energy until the primary mischief be removed. I cannot regard it as merely the restoration of the biliary secretion and the consequent unloading of the portal system, as maintained by some. Dr. Wm. Sherry, of Norfolk, Virginia, who recommends calomel to be given in twenty-grain doses at frequent intervals, says: "The mere arrest of the discharges while the action of the liver is totally suspended, is not sufficient to cure the disease."—Again he says "We concurred in the treatment which made calomel the 'sheet anchor,' but did not reject the adjuvants. We used, in short, freely, opium and *pounded ice*, cups over the stomach, &c., and sinapisms and friction over the extremities." Dr. Reese of Bellevue Hospital, N. Y., remarks:—The few recoveries were in persons who were treated internally with large doses of calomel, repeated every two or three hours, varying from ten to twenty grains, and usually in combination with capsicum or camphor, or both; *large quantities of ice were eaten meanwhile*, and the surface of the body was

covered with heat and stimulants. In other cases, however, it must be conceded that this identical plan of treatment failed—without it *none recovered.*"

It will thus be seen that pounded ice has been freely used by others, though merely as an adjuvant; but had they regarded the congestion of the portal system and arrestation of the biliary secretion as the effect, and not the cause of the sudden prostration of the nervous system and irritation of the alimentary mucus membrane, and had they omitted calomel and used opium and pounded ice internally, and highly stimulating friction and sinapisms externally as their chief remedies, they would, in my opinion, have been more likely to have arrested the discharges and aided the system to support itself until reaction should set in, when the secretions would have been gradually restored, as in the case of Mrs. H., whose dejections became decidedly bilious in the course of forty-eight hours, without a particle of calomel being taken.

I cannot conceive how ten to twenty grains of calomel can be given every two or three hours upon a highly irritable stomach, during the period of cyanosis and algidity, without the most injurious consequences following, as we well know that calomel in large doses acts as a violent irritant to the alimentary mucus membrane. I have seen fifteen grs. of calomel produce purging, vomiting, and even cramp, a condition of things little short of cholera itself.

But, it may be asked, if the pounded ice is so powerful and salutary a remedy, why have not other practitioners relied more exclusively upon it? The answer to this question is multiple. In the first place, practitioners are too apt, by forming premature and immature conclusions, to become wedded to a particular theory, which they are very sure to act upon, let the results be ever so fatal. Others, though not blinded by any preconceived views, yet fail to observe the more important indications, and attend only to the lesser. This is more apt to be the case from the fact, that the former is not unfrequently less manifest than the latter. Again, another class, instead of treating *imperfectly understood diseases* on general principles, adhere invariably to the routine of the books, never stopping to inquire whether a more rational and successful mode of treatment might not be adopted. The consequence is, but little that is truly rational and really excellent in treatment, is early discovered; it generally remains to be developed by accidental circumstances, or by investigations expressly instituted for the purpose.

We would not, however, be so presumptuous as to draw gen-

eral conclusions as to treatment, from any success, however signal, which might attend a particular treatment in a single case, or even in a limited number of cases, particularly in a disease confessedly so erratic as epidemic cholera. But when treatment, based upon scientific principles, is found to meet promptly and efficiently, the great indications as pointed out by nature herself, we ought not to despise her treatment, however limited may be the number of her witnesses. And with this view, as well as to call out the experience of other practitioners on the same subject, are the details of the above case given.

It may not be amiss to state that the ice in the above case was swallowed as ice, and not permitted to dissolve in the mouth previous to its admission into the stomach.

EDITORIAL.

Post-Mortem Examinations.

A Card.—Whereas, circumstances have transpired rendering it necessary for the Commissioners of Chester county to adopt a scale of Prices to be paid Physicians for post-mortem examinations; therefore,

Resolved, That said Commissioners will hereafter pay for a full post-mortem examination by two physicians, (when the case is likely to come before Court,) the sum of Twenty Dollars. For the same service performed by one Physician, Ten Dollars, and for all external examinations they will pay Five dollars.

Extracted from the minutes of the Board of Commissioners, and published by their order.

B. J. Passmore, Clerk.

The above *Card* has been issued by the Commissioners of Chester county, we presume, with a view of *regulating* the price of physicians in making post-mortem examinations before official bodies. What right they possess to fix the pay for *medical* services in such cases, we are at a loss to know; and we think they step entirely beyond the bounds of their power, and exhibit a piece of indiscretion which we did not expect from the intelligent men who are entrusted with the

funds of the county. As well might they attempt to regulate the compensation to be paid to other professions as that of the medical. It is not their province to employ the physician who makes these examinations; and they have no legal right to embarrass the officers of justice whose duty it is to secure in certain cases the services of a competent physician. All their duties upon this subject end, upon the payment of a reasonable bill when presented. They have no authority to notify the physicians and the officers who call upon them to perform these services, that they shall receive only a certain amount and no more. If they have this right, they are invested with power to thwart the efforts of the Courts of justice in bringing guilty men to punishment. They may prevent the most energetic prosecuting officer, and the most profound criminal court from convicting men of crime. Surely, the law clothes these financial officers of the county with no such power.

There are certain official cases in which the services of a medical man are absolutely necessary. They cannot be dispensed with. He is called upon by the Coroner or District Attorney to make a post-mortem examination, or analyze the contents of a stomach. He is told by the Commissioners he shall not receive his usual compensation, but he must perform this unpleasant and responsible duty for a less sum than he has been accustomed to obtain. He is not to be the judge of the value of his own professional services. Others, who are totally ignorant of the amount of knowledge required, and the value of the service rendered are to settle that point. Now to our mind, the physician has a right to a full compensation for the services he renders in such a case, or he may with perfect propriety refuse to perform them. What he will do, remains to be seen. But we trust, no one who claims an honorable position in our ranks, will tolerate for a single moment this unjust innovation upon our rights. If called upon by an officer to make a post-mortem examination, they should at once stipulate that they are not to be controlled in their charge by the notice issued by the Board of Commissioners, but by the customary rules and regulations of the profession, and when the services have been performed, proceed to collect

their fees as heretofore. If the Commissioners, in their wisdom, pay the bill, it is well; if they do not, a resort to compulsory process is the proper remedy. The sooner this question is legally settled, the better. Certain it is, that these duties must pass into incompetent hands, unless the profession is sustained in this matter. We rely, in such an issue, upon the wisdom of an enlightened Court and Jury.

There is another view of this subject, which we would briefly notice. It is the time which is occupied by medical men in these cases as witnesses. They are obliged to neglect their professional duties, and give their attendance at Court, to the great disadvantage of their patients, and considerable pecuniary sacrifice. While this is frequently the case, they often save the county from very heavy expenses by revealing causes of death, which were entirely natural, and thus preventing prosecutions which would otherwise have taken place. On the whole, we do not think the money paid to physicians for these examinations, would be improperly expended, even were the compensation much higher than they have been accustomed to charge. And we cannot but regard it as a very bad policy in these Commissioners in endeavoring to reduce our present rates. If such a course is persisted in, the time may come, when it will be necessary to increase, rather than abate them, in order to obtain the services of competent men.

Neither do we think, the physicians of our county have been extravagant in their charges for these services. They have acted with a spirit of liberality, at least equal to those of any other place; and we regret, that they should not have been uniformly met with a similar spirit of magnanimity on the part of the Commissioners. There is no justifiable reason for this illegal attempt to prevent medical men from receiving their usual fee for these unpleasant but necessary duties.

Registration.—Our Legislature, it appears, has passed a Bill repealing the Act providing for the Registration of Births, Marriages and Deaths. We expected this would be the result of the singular propensity which is manifested by the law-ma-

kers of the present day to tinker with and modify the character of our laws. If there is any one thing remarkable in the character of our legislation, it is its vascillation and instability. A law is enacted one year and repealed the next. Scarcely any one is left long enough on our statute book to ascertain its usefulness. Those who are entrusted with the power of enacting laws, seem to think they are only serving their constituents best when they are occupied in effecting changes in existing laws, making new ones, or repealing those which already exist, and with but little regard to the public good. Ever since the Registration Act was passed, efforts have been made yearly to repeal it. They have succeeded, and we trust they will now feel satisfied.

By this act of our legislature an additional duty will devolve upon medical men. They must now take up the subject themselves, and accomplish by their own efforts, without the aid of a State law, what is so desirable in point of usefulness to the public health and general good. The profession must, by organization among its own members, collect the valuable statistics which this law was intended to procure, and in this way supply the great desideratum in medical statistics, we had hoped to attain by legislation. We trust our Medical societies will take the subject under consideration, and unite upon some general plan by which all the information sought under the Registration Act may be obtained. We take pleasure in calling their attention to it, under a confident belief that some efficient measurs will be taken to secure that desirable object, which unwise and injudicious legislation has hitherto prevented.

It is said the law did not answer the purpose for which it was intended—its provisions were not observed by many, and hence the information sought was not obtained under it. Be it so. Was it necessary to repeal it on that account? Our view would be otherwise. If the law was not sufficiently regarded, there was a remedy. If the Bill had been passed in the first instance with the penlaties which it originally contained, there would have been no complaint on this ground; and all that was required now to make it effectual was, the

restoration of those penal provisions which it formerly embraced, but which the legislature thought proper to take from it, thereby partly destroying its efficiency.

Jacob G. Morris.—Dr. Kirkbride of the Penna. Hospital, in his annual report to the Board of Managers, pays a beautiful and just tribute of respect to the memory of this useful and excellent man, who in September last, was lost with the steamship Arctic.

What to Observe at the Bed-side and after Death in Medical Cases; published under the authority of the London Medical Society of Observation, and re-published in Philadelphia, by Blanchard & Lea, 1855.

This little work is an invaluable manual, and should be in the hands of every physician. It is calculated to draw his attention to all the important organs of the human body, and enable him to diagnose his cases with more satisfaction and accuracy than he would be likely to do without such aid, and keeping it in view, the various phenomena of disease will present themselves in a much clearer light, and systematic order.

In post-mortem examinations, and especially in Forensic cases, it will enable the practitioner to investigate the various organs in such a manner that nothing need be feared from the most scrutinizing investigation. We therefore confidently recommend it to the profession as worthy of a place in every medical library. I. T.

A Stated Meeting of the Chester County Medical Society will be held at the Cabinet, West Chester, on Tuesday, the 1st of May, at 11 o'clock. The President of the Society, Dr. J. B. Brinton, will deliver the Annual Address. Dr. J. P. Edge will read an essay. Dr. Spencer, of Philadelphia, having been prevented from attending the last stated meeting, is expected to be present to lay before the Society his views upon "The atomic theory of Life and vital heat, animal and vegetable, as balanced by the agency of Water."

MEDICAL INTELLIGENCE.

Obstetrical Supporter.—We have had the satisfaction of using one of E. D. White's Obstetrical Supporters, and are much pleased with its action. They are fully adapted to those cases in obstetrical practice which are lingering in their nature, and where suitable places cannot be had for the woman's assistance. They are made of a back pad, running into stirrups and knee straps. The knee straps are so formed as to make a slip and hand piece, by which the woman, of her own will, can make such pressure on back, feet and knees as she may find comfortable to herself, by pulling forcibly on the hand pieces. The apparatus is one which will, I am satisfied, if the prejudice of the accouchment chamber can be overcome, soon be in general use among physicians where its advantages are properly appreciated. W. H. W.

Dr. John H. Griscom, of New York, estimates that the professional services rendered by physicians in the public Institutions of that city, and to the poor in private, during 1853, would amount, "at the lowest market value," to $835,458.—From this he thinks there might be deducted $27,112 for cash, entertainment, &c., leaving $808,356 as the amount for gratuitous services that year.—*Boston Med. & Surg. Jour.*

Achillœa Millefolium in Hemorrhage.—Dr. B. H. Coates stated, at the meeting of the College of Physicians of Philadelphia, on Dec. 6, 1854, that he had used an infusion of *achillœa millefolium*, with material advantage, in several cases of hemorrhage; two from the kidneys, three (in the same subject) from the uterus, and one from the lungs. The formula was half an ounce of the herb to a pint of hot water; to digest for twenty minutes. The dose of this infusion, to be taken cold, is half a teacup-full every two hours.

Summary of Trans. Coll. Phys. Phil.

Erigeron Philadelphicum in Uterine Hemorrhage.—Dr. Wilson read to the Philadelphia College of Physicans, Nov. 1, 1854, notes of some cases of uterine hemorrhage successfully treated by the essential oil of *Erigeron Philadelphicum.*

Dr. Wilson, whose attention was drawn to this article by Dr. A. C. Bournonville, who had used it in some few cases with advantage, states that he had prescribed it in many cases, and very generally with decided advantage. He prescribes it in doses of five drops every two hours.—*Ib.*

American Medical Association.—The eighth annual meeting of this Institution will be held in Philadelphia on Tuesday, May 1st; the session will open at 11 o'clock, A. M.

Delegates are earnestly requested to register themselves at the earliest opportunity; and all institutions which have appointed delegates should transmit to the Secretary of the Association, Dr. F. West, Philadelphia, an official notification thereof without delay.

Medical Society of the State of Pennsylvania.—The annual session of the Society will be held in Hollidaysburg, on the last Wednesday (30th) of May, at 10 o'clock in the forenoon.

The Secretaries of the several County Societies will please forward the lists of delegates to either of the Secretaries.

D. Francis Condie, Philadelphia,
Henry Carpenter, Lancaster,
Secretaries.

Vomiting during Pregnancy.—The tincture of Nux Vomicæ, in doses of four drops, every two hours, is recommended on the very highest authority, as an efficient remedy in the distressing and often obstinate vomiting, which sometimes occurs in the earlier months of pregnancy. It is worthy of trial.

St. Louis Med. and Surg. Journal.

Medical Coroners.—The St. Louis Medical Society has memorialized the General Assembly of that State in reference to the passage of a law, requiring that the office of Coroner shall only be filled by an intelligent physician, and setting forth the propriety and necessity of such a law. As at present conducted, Coroners' Inquests are the merest farces that were ever enacted; yet there is little hope of reform in the present unenlightened state of society.—*Ib.*

Hospital for Women in New York.—We are happy to perceive that the efforts of Dr. J. Marion Sims, of New York, to

found a hospital for women, have proved successful. Such an institution has been organized. The officers and Board of Managers consist of ladies of character and standing in the city of New York. The following constitute the Medical Board: J. Marion Sims, M. D., Attending Physician; A. H. Stevens, M. D., Valentine Mott, M. D., Consulting Surgeons; Edward Delafield, M. D., John W. Francis, M. D., Consulting Physicians. These names would give character to any institution, and their influence, with the sympathy and active co-operation of the Board of Managers, and the material aid which they undoubtedly command, will, we doubt not, enlist the good will of the whole community of the city of New York, and we will see established, in that city, such a hospital as should be found in every considerable city of the Union.

New Jersey Med. Reporter.

BIOGRAPHICAL DEPARTMENT.

WARRICK MILLER was born in Sadsbury township, Chester county, near what is now the village of Penningtonville, on the 18th of March, 1785. His parents were James and Phœbe Miller. He was the youngest of twelve sons. He received a good, plain English education in our common schools, and studied medicine with Dr. William A. Todd, of Downingtown. He attended the Medical lectures of the University of Pennsylvania, but was content to practice without a *Degree*.

He located himself at Sadsburyville, in his native township, where he soon gained the confidence of the people, and was rewarded by a goodly portion of the practice. He changed his location a few times, but always within the limits of Sadsbury.

Dr. Miller was twice married. His first wife was Sarah, daughter of James Truman, of Sadsbury, to whom he was married October 7th, 1812. She died September 27th, 1817, without issue. His second wife was Martha B., daughter of William Clingan, Esq., to whom he was married Nov. 15th, 1820. By this lady he had two sons, the eldest of whom, William Clingan Miller, is now a druggist in Philadelphia. The youngest, James Edwin Miller, is not engaged in any particular business.

The health of Dr. Miller becoming precarious, he was removed to the house of his father-in-law, Wm. Clingan, in West Fallowfield, where he remained, laboring under Hydrothorax,

until his death, which occurred on the 23d of April, 1825.

In his day, few men were more highly esteemed, or more confidingly approached; always bearing the name and character of a highminded, dignified, honorable and worthy citizen.

[The materials for this sketch furnished by Dr. Andrews Murphy.]

JOHN H. QUINN was the son of John and Susanna H. Quinn. His mother was a daughter of James Hemphill, of Goshen township, Chester county. He was born at the house of his grandfather Hemphill, on the 3d of September, 1793, a short time after the death of his father.

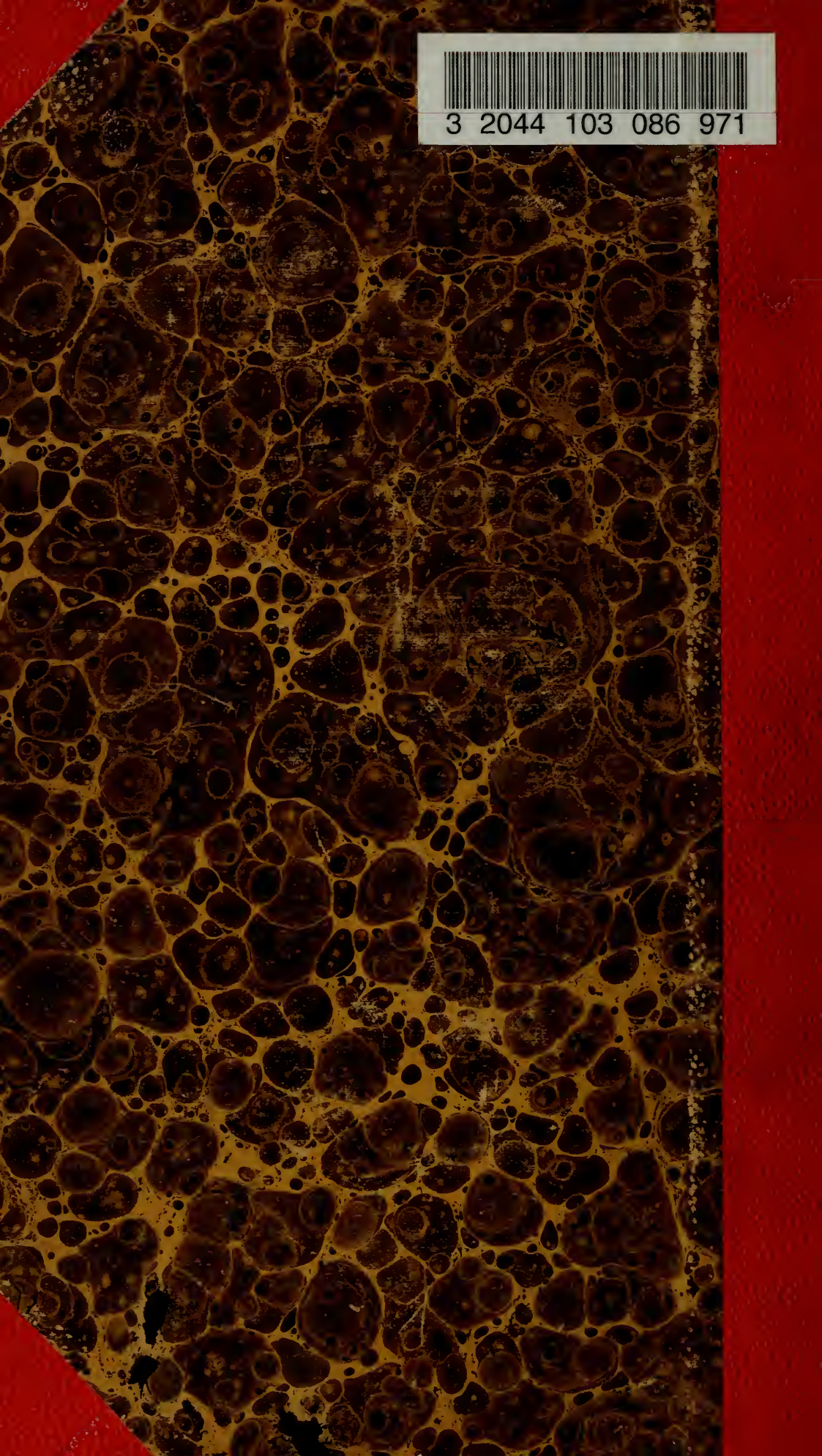
He received the early part of his education at a school in the neighborhood; and afterwards was sent to Brandywine township, and placed under the care of Rev. Nathan Caldwell Grier, Pastor of the Presbyterian Church at Brandywine Manor, where he completed his English and Classical education. He pursued his professional studies in the office of Dr. Jacob Ehrenzeller in West Chester; and after attending the lectures at the University of Pennsylvania, he received the degree of *Doctor of Medicine* from this institution in the Spring of 1814. In the same year he began the practice of medicine in West Chester, and continued it four years, when he removed to Pottstown, Montgomery county, with a view to engage in similar duties, but he remained there only a short time, and returned to West Chester. With the exception of this brief absence from the borough, and a short sojourn at Marshallton, Chester county, he resided in West Chester, attending to his professional duties until disabled by disease.

In the year 1814 he married Jane, daughter of Samuel Osborne, of Pennsbury township, Chester county. He had four children, all living at his death, two sons and two daughters. Now (Dec. 11th, 1852,) his two daughters only are living. Catharine Ann and Elizabeth Hemphill married twin brothers, John and Jeremiah Colflesh, and are settled in Philadelphia.

After lingering several months with consumption, he died December 1st, 1823.

As a physician he gave considerable promise of skill, and was a favorite of his preceptor, who manifested a great desire to promote his success in business. His career was short, being but thirty years of age when he died, and having been only nine years engaged in the practice of his profession.

[Material furnished by his daughter, Mrs. E. H. Colflesh.]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